administered. At present the weight remains at 12 st. 7 lbs., and the patient is taking one or sometimes two palatinoids per diem.

I append a table of some of the changes observed during treatment:

1898.	Weight.		Urine.	Urea.	Palatinoids Ordered.
	st.	lbs.	ozs.	grs.	
Jan. 25	14	8	50	300	1 at night
" 29	—	—	54	337	2 "
Feb. 7	14	7	58	580	3 in 24 hours
" 14	14	3	—	—	3 "
" 22	13	13	70	560	4 "
Mar. 1	13	7	72	468	4 "
" 13	13	1	—	—	2 "
" 15	12	11	54	364½	2 "

NOTE.¹

For a full account of the chemistry and preparation see BRITISH MEDICAL JOURNAL of March 21st, 1896, January 23rd, 1897, and February 17th, 1897; *Journ. Physiol.*, vol. xx., p. 474.

PULSATING TUMOUR IN THE SUBMAXILLARY REGION.

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C. B., aged 32, was sent to me for operation suffering from a pulsating tumour in the left submaxillary region. Ten years ago he fell and struck his chin violently, and since then has noticed a swelling in his neck which has gradually increased in size.

A tumour the size of a golf ball lay just below the left ramus of the jaw. The swelling pulsated visibly, and on holding it between two fingers the pulsation was distinctly expansile. Pulsation was most marked at the posterior end, but could be felt all over the tumour. On pressure the swelling could be partly reduced, but regained its former size directly the pressure was removed. There was some lateral movement, but none in the long axis. Pressure over the line of the facial artery did not stop the pulsation. The facial artery itself

could not be felt. The position of the tumour is shown in the accompanying photograph.

I was of the opinion that the tumour was an aneurysm, and decided to dissect it out and ligature the artery at each end.

On reflecting the skin and dividing the fascia a layer of thinned-out muscle was exposed and divided. Beneath this another layer appeared, and finally the sac wall was exposed. Through this the nature of the swelling could be seen, and proved to be a mass of pulsating varicose veins. The dissection became rather difficult as the tumour extended a considerable distance up behind the ramus, and was firmly connected to the lower edge of the bone by strong fascial covering. Several vessels were ligatured, and the complete mass was removed. It was impossible to determine to which trunk these veins belonged, but from its situation I think that the lingual vein was the rent vessel.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

ACUTE THYROIDITIS: SUPPURATION: OPERATION, RECOVERY.

G. G., a French Canadian, aged 39, always healthy, both parents living, visited me on April 13th. He complained of a swelling outside the throat, also of stiffness of the neck. He stated that on April 8th he had been in the sugary gathering sap, and upon returning home first noticed the swelling. It rapidly increased and gave him some inconvenience, though swallowing did not incommode him, nor was inspiration embarrassed. Still, he was compelled to hold his head in one position, as turning it from side to side pained him considerably.

Examination disclosed an enlargement of the thyroid gland. There was a thickening of the tissues in the region of this structure extending downwards to the clavicles, and laterally to the borders of the mastoid muscles. The gland was hard to the touch, and slightly painful on pressure.

He visited me on the two following days. Tenderness was increasing, there was no rise in temperature, and the patient did not complain of chills. He suffered, however, from headache, stiffness of the neck, and loss of appetite. On April 16th he summoned me to attend him at his house. I found him in much the same condition, but he was vomiting, and showed symptoms of marked constitutional disturbance—coated tongue, fetid breath, and insomnia. The temperature was still normal. On April 17th the constitutional disturbance was more pronounced, the expression was anxious, the breath very offensive, the swelling was very tender, and the temperature was 102.5°. Some fluctuation could now be detected. I was satisfied that suppuration had taken place, and operated the following morning without administering an anæsthetic. A large quantity of stinking pus escaped. This gave immediate relief. An hour after my departure the patient declared he was very hungry, and demolished a plateful of beans and bacon.

This case appears to me to be interesting inasmuch as the disease is not frequently met with, and we have also a clear history of the causation, namely, exposure to cold. As a rule I believe thyroiditis is usually associated with infectious diseases or traumatism. In this instance, however, a history of neither was present.

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R. H. PHILLIMORE, M.D.

TROPICAL OEDEMA ON SHIPBOARD.

DURING the summer of 1884, I left England on account of my health, for residence in New Zealand. Amongst other troubles I knew that I had dilatation of the ventricles with imperfect closure of the valves. I felt much better as the voyage proceeded, and on arriving in the tropics was under the impression that I was rapidly gaining flesh, until, on closer examination, I found what I took for flesh was fluid; my legs and feet had become cedematous considerably. I communicated my unpleasant discovery to Dr. B. G. Corney, a fellow passenger, on his way to Fiji, where he holds a Government post of con-