Rolandic line, 2¼ inches from the longitudinal fissure, thus indicating a position in the ascending parietal convolution, just behind the arm centre.

The case is shown as one of interest in that it closely resembles an experimental lesion in its distinctly localized nature. Its situation immediately behind the Rolandic line, with no motor paralysis, emphasizes the experimental findings that the motor area proper lies only in front of this line.

RECURRENT GOITRE.

DR. ELLSWORTH ELIOT, JR., presented a woman, 24 years old, who was admitted to the Presbyterian Hospital on May 23, 1905. Her family and personal history was negative. The patient had always menstruated irregularly; otherwise, with the exception of an attack of dropsy twelve years ago, she had enjoyed good health until five years before, when she first noticed the sensation of a "foreign body" in the throat, and slight enlargement of the thyroid. This swelling had gradually increased, particularly in the past year, and for the preceding month she had complained of choking sensations and difficulty in swallowing. For five years she had suffered from bi-monthly attacks of palpitation, lasting from ten minutes to an hour. There was no headache; no exophthalmos.

An examination of the neck showed a goitre about the size of an orange, elastic and symmetrically enlarged. The pulse ranged from 80 to 100. An operation for its removal was undertaken on May 29, 1905. After a few inhalations of ether, the patient's breathing became stertorous, she became cyanosed, and respiration apparently ceased and for ten minutes she was thought to be dead. Under artificial respiration she gradually revived, and at the end of three-quarters of an hour she was practically out of danger. The operation was postponed for a week. At that time, under cocaine, enucleation of the goitre was attempted. This was successful, so far as the separation of the goitre from the overlying and lateral muscles was concerned, but its base proved to be adherent, and at this stage of the operation the patient became restless and complained of so much pain that further attempts at enucleation had to be abandoned. The cyst was thereupon opened, and two ounces of hemorrhagic fluid evacuated and the cyst wall removed from the thyroid gland. The wound was

packed and allowed to heal by granulation. During this time there was a discharge of a considerable amount of necrotic material, which upon examination proved to be portions of the thyroid gland. Healing was complete at the end of the third month, the sinus having completely closed, leaving no sign of the goitre.

The *pathological report* at this time was as follows.—Thyroid tissue somewhat bloody and distorted. Some tendency in places to papillation of the epithelium, which in certain areas is rather high columnar, but in others flat or cuboidal. Colloid contents of vesicles do not stain. Connective tissue scanty, and shows little or no inflammatory infiltration.

The patient was re-admitted to the hospital on October 14, 1907, with the history that six months before she had first noticed a recurrence. There was no exophthalmos nor palpitation. The swelling had steadily increased to its original size, but had not given rise to any symptoms of compression. Examination showed a broad scar adherent to the lower part of an irregular, ovoid, elastic tumor, typically thyroidal. The patient's urine was normal.

Operation, October 16, 1907.—At this operation ether was administered, and was well borne by the patient. The left lobe of the thyroid was removed, and an examination of the specimen showed that it was made up of a number of communicating cysts around a central core, which was reddish in color. The wound healed without trouble.

The *pathological report* on this specimen was as follows.—There is great hypertrophy of glandular tissue, which contains in places little or no colloid material; elsewhere, the alveoli are dilated and contain colloid material. The interstitial tissue in places is increased and shows hyaline degeneration. There are areas of hypertrophied glandular tissue in which are several layers of epithelium superimposed. The wall of a large cyst is composed of dense fibrous tissue.

Diagnosis, cystic goitre. There were no signs of a further recurrence up to the present time.

BUFFER ACCIDENT OF KNEE.

Dr. Ellsworth Eliot, Jr., presented a man, 40 years old, who was admitted to the Presbyterian Hospital on January 24, 1907. The history obtained was that on the day prior to his

admission his left knee was caught between the buffers of two street cars, and severely crushed. Inspection showed that the left knee was greatly distended with blood and serum, the presence of blood being indicated by blood crepitus. The entire left leg was swollen, from the thigh to the ankle. Two days after admission, the measurement of the left leg, eight inches above the patella, was 25 inches, while that of the right leg at the same point was 20½ inches. Four and a half inches below the patella the left leg measured 16½ inches and the right leg two inches less. At the patella the left leg measured 19½ inches and the right leg 15 inches.

The left extremity showed evidences of extensive extravasation of blood, but pulsation could still be detected in both the anterior and posterior tibial arteries. On February 10, about two and a half weeks after his admission to the hospital, although there had been no laceration of the overlying skin, there were indications of an inflammatory process on the outer side of the leg, opposite the external condyle of the femur. A large area of necrosis developed in this region, with slight oozing of blood, and the subsequent discharge of several fragments of bone. This condition, with alternate periods of healing and suppuration, continued for two months, when the original wound healed completely with the exception of a small sinus which persisted for six months. An X-ray was taken, which showed no free sequestra present. During February and March the patient was kept in a Buck's extension apparatus. His temperature, which on admission ranged from 100 to 102, gradually fell to normal, and remained so up to the time of his discharge from the hospital, on May 10, 1907. Ten leucocyte counts were made during his stay in the hospital, and the highest was on March 15, when it reached 16,200; the other counts were all below 12,000.

When Dr. Eliot next saw the patient, about six months after the accident, he found upon examination that although the affected knee was capable of some movement, the ligaments had become stretched. To remedy this defect, the patient had an ordinary steel-hinge brace made which enabled him to walk without any trouble. The patient was given the choice between a resection, an amputation and the brace, and chose the latter.