in the right superior lobe bronchus. A portion of the superior lobe was collapsed; this area was depressed below the surrounding emphysematous lung tissue. The middle and inferior lobe bronchi were not occluded, but these lobes were enormously emphysematous. The left main bronchus contained a small piece of the pulp, while the fourth and last piece was lodged in the lower lobe bronchus, at which site there was a fairly well defined abscess.

These lungs also showed areas of collapse and emphysema. Rupture of the blebs through the pleura into the mediastinal spaces, which in turn follows the deep cervical fasciae, and gets out into the subcutaneous cellular tissues of the body is the only explanation I can offer for the condition of subcutaneous emphysema, which occurred in these cases of bronchial obstruction prior to instrumentation.

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Pathologic Anatomy of Exophthalmic Goitre. H. RAUTMANN, *Mitteilungen a. d. Grenzgeb. der Med. u. Chir.*, XXVIII, No. 3, March, 1915.

Rautmann is of the opinion that in exophthalmic goiter the disease is not solely confined to the thyroid, but that it affects all the glands of internal secretion. The characteristic of the thyroid, in his own cases, was that it had reverted to an infantile type and the severity of the disease seemed to be proportional to the degree of the infantile character of the histologic findings. This not only applies to the thyroid, but to the thymus also, and in some cases, to the other internal secretory glands. The thyroid was always, the thymus was usually, involved; the parathyroids and pituitary only occasionally.

The changes in the thyroids, thymus, parathyroids and pituitary are predominately of a hypertrophic, hyperplastic nature. In the suprarenals, ovaries and the Islands of Langerhans, the changes are hypoplastic and atrophic.

Ed.