

Thyroid adenoma and cystic accessory thyroid : removal / by Robert Jones and W. Thelwall Thomas.

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moment it is discovered or even suspected. Section 34 of the Contagious Diseases (Animals) Act provides for the registration and inspection of dairies, cowsheds, and milk-shops, and is a necessary and useful Order; but its adoption is not obligatory, and consequently it has been only a partial success. I know of more than one local sanitary authority that refused to appoint an inspector under this section, though they were asked to do so by the Local Government Board immediately after their respective districts had been widely visited by typhoid fever, the result of infected separated milk.³

In July, 1894, the Limerick bench of magistrates held that the Food and Drugs Act did not apply to milk sold to creameries, and they therefore dismissed a summons against a man for such adulteration. In a recent outbreak of fever in the Carrick-on-Suir union Dr. Moran reported that on the appearance of the disease on a certain farm the cows were transferred to an adjoining one, where the milking was carried on by the inmates of the infected house, and the milk after this exposure to infection was sold to the same creamery that the farmer had been previously prohibited from supplying. These are not examples of mere failure of administration of our present laws, but they are proofs of the necessity of fresh legislation required by a system the dangers accompanying which were not fully known when our recent Acts were framed. To render our existing laws at all efficient they should be extended to every part of the United Kingdom, and not confined to those districts whose sanitary authorities are sufficiently enlightened to adopt them; but, in order to grapple with the matter thoroughly, rules such as are enforced by the continental creameries should be made compulsory, and should be carried out under State supervision. I know that all necessary regulations are rigidly followed in many of our dairies and creameries, but in others they are completely ignored, and they will continue to be so until the State compels their adoption. Disease can also be conveyed by the cream, and an outbreak of scarlet fever at South Kensington was thus accounted for. Professor Lane Nottle traced several cases of typhoid fever to the use of cream procured at a dairy where this disease had broken out, and Dr. Thorne Thorne saw cases of typhoid fever and of diphtheria that were caused by cream from infected milk. He explained the implication of the cream as "merely the mechanical effect of the oil globules in rising taking with them the germs to the surface." Perhaps equal danger does not exist with cream obtained by the separator, as the tendency would be to have the heavier bacteria driven forcibly from the centre where the lighter cream collects.

The discoveries of Professor Bang of Denmark, and of Mr. Beebe of the New York Health Department, threaten to considerably widen the interest of the whole question, and to make the demand for reform imperative. It was formerly thought that cheese and butter could not convey disease germs, but Professor Bang exploded this gratifying belief when he proved that both these products of the dairy are capable of deriving living and active tubercle bacilli from the milk. Since then there has been an uneasy suspicion that other disease germs may also find a suitable home in the same articles of diet, but in the absence of positive proof these fears seldom found expression. Now, however, Mr. Beebe has demonstrated that over 3000 lb. of cheese contained the Klebs-Löffler bacillus, and on investigation it was found that a fatal case of diphtheria had occurred in the family that supplied milk to the factory in which the cheese was made. Many creameries make an inferior cheese from separated milk, but the more important question is, Can this germ, or the bacillus of typhoid fever, find its way from the milk into the butter? At present there is no proof that such can occur, but, reasoning from analogy, the conclusions cannot be reassuring. It is now known that the diphtheria bacillus can so pass in cheese-making; the heat used in this manufacture is not capable of destroying the germ, and one cannot point to any process in the making of butter that is calculated to do so, as the acid developed in the ripening of cream is not fatal to the typhoid bacillus. Butter contains about 16 per cent. of water, which is derived from the milk, and it must have been by means of this that the tubercle bacilli discovered in butter by Professor Bang were conveyed, and undoubtedly there is some danger, no matter how small, of

other pathogenic germs passing over in a similar way, though, for the reasons mentioned just now, it is probable that, other things being equal, the presence of disease germs in butter is less to be feared when the cream from which it was made has been separated by the centrifugal machine; the weakness of our modern method of butter-making does not lie in the process of manufacture, but in the mixing together of the products of all sorts of dairies which are frequently under no supervision whatever.

In conclusion, it is undeniable that many diseases have been conveyed by milk which was either procured from infected animals or was subsequently contaminated by the addition of impure water &c.; that both cheese and butter have derived the tubercle bacillus from milk; that cheese has in the same way become impregnated with the diphtheria bacillus; and that several pathogenic germs, once they get into butter, can live there for considerable periods, cholera bacilli having been found in it thirty-two days after they were purposely introduced, typhoid bacilli after three weeks, and tubercle bacilli nearly three months later. To follow butter obtained from a suspicious source and to conclusively prove that harm results from its use is a task surrounded with almost insuperable difficulties, and mere negative results in such an important question cannot be considered as final. It is not in a spirit hostile to an important industry that I direct attention to these matters, but to impress on the State the necessity of adopting measures similar to those which are in force in the most flourishing agricultural countries of the Continent. In Germany a dairyman who sends adulterated milk to a creamery renders himself liable to a fine of 3s. for every quart of milk delivered. In Denmark, if milk be sent from a house in which infectious disease exists, a fine of £5 is inflicted on the delinquent; creamery dairies are regularly seen by an inspector; and "veterinary surgeons visit the farms once a fortnight, when every case of disease among the cattle is isolated." Our own agriculturists would be benefited by the universal adoption of such rules, but the public health has even higher and more urgent claims. In the words of Professor Crookshank, "the health of the community must take a first place; the happiness and prosperity of our country and the preservation of our imperial supremacy largely depend upon keeping our invisible foes in check and maintaining the highest possible standard of public health." But in spite of all our boasted advance in sanitary science these foes still come in what should only give us life and strength, for "there is death in the pot," and it has been my endeavour to expose one unguarded channel by which it gains entrance.

Postscript.—The cases in the houses of Mr. B— and Mr. C— did not come under the notice of the medical officers of health for their respective districts, and, the Infectious Disease (Notification) Act not being in force, no official information was supplied by occupiers or medical attendants. Bandon, Ireland.

THYROID ADENOMA AND CYSTIC ACCESSORY THYROID; REMOVAL.

By ROBERT JONES, F.R.C.S. EDIN.,

SURGEON TO THE ROYAL SOUTHERN HOSPITAL, LIVERPOOL;

AND

W. THELWALL THOMAS, F.R.C.S. ENG.,

ASSISTANT SURGEON TO THE ROYAL INFIRMARY, LIVERPOOL.

The growth occurred in a patient aged twenty-seven years. When quite a little girl her parents noticed a small, freely movable lump under the skin of the left side of the neck, just above the collar-bone. The swelling was painless and "grew with her." In her twentieth year she consulted Mr. Whitehead of Manchester, who examined the neck and told her it consisted of enlarged glands and not to worry about it; he recommended the local application of tincture of iodine. The only inconvenience the growth caused, according to her statement, was an occasional feeling of choking when she lay down in bed. She is a married woman and has one child. Four and a half years ago another enlargement appeared higher up in the neck on the same side, near Adam's apple, but the original swelling appears to have remained quiescent about this period, only to increase recently, which caused her to consult

³ In the late outbreak in Castleisland, which was "clearly traced to infected milk," there were between 800 and 900 cases of typhoid fever; yet on its termination the sanitary authority refused to appoint a dairy inspector.

Mr. W. H. Wright of Walton, by whom she was seen in January of this year. She was a well-developed, although somewhat anæmic, bright little woman, who considered the condition lightly, having, as she expressed it, become "used to it." Occupying the lower half of the posterior triangle of the neck was a large swelling about the size of a man's fist, nodulated and soft in places, extending well under the sterno-mastoid, but lying entirely to the outer side of the line of the carotid artery. (Fig. 1.) It was freely movable and could be forced downwards behind the clavicle. At its upper part was a second rounded portion attached to this larger mass, about the size of a hen's egg, and giving one the impression of an enlarged gland attached to an aggregation of similar structures. Distinctly separated from these was a somewhat smaller growth in front of the sterno-mastoid, bulging by the side of the upper margin of the thyroid cartilage, and which appeared to be anchored deeply. The thyroid gland appeared to be normal and totally unconnected with the growths. The most likely diagnosis appeared to be that of tuberculous

FIG. 1.



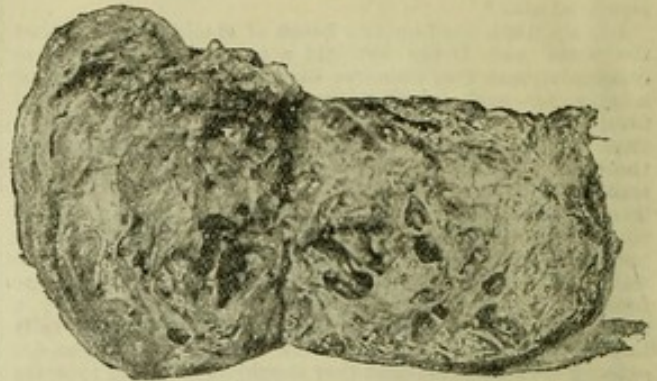
glands, and removal was decided upon. A fact in the family history seemed to confirm this; an aunt had succumbed to "consumption of the glands of the neck," which had been discharging for years.

An J-shaped incision was made down the middle of the posterior triangle and along the upper border of the clavicle, going towards the sternum. The growth was readily exposed; it was covered by a plexiform arrangement of very large veins, such as one meets with over large goitres. This made us pause and reconsider the diagnosis. The slightest injury to the veins caused serious hæmorrhage, so that removal was commenced from above by carefully shelling out the more isolated lump which was encapsuled. A section of this was made and revealed a dark-brown cystic growth with calcareous nodules in the stroma. It was now clear that we had to deal with a cystic accessory thyroid. The larger growth was rapidly removed after clamping and ligaturing the large veins, was found to lie in the angle formed by the sub-clavian and internal jugular veins, and had no discoverable connexion with the normal thyroid. An incision an inch and a half long was next made over the portion in front of the sterno-mastoid; the same venous environment was found, and in endeavouring to detach the lump from the deeper tissues a tail-like piece of normal thyroid tissue was drawn

out and removed with it. The wounds were sutured, and a dry dressing of wood-wool (sublimated) tissue was applied under a firm dressing. The wound healed by first intention.

Pathology.—Portions 1, 2, and 3 (in the order removed) were examined. They all displayed the same appearance—that of a cystic growth; the cysts were filled with brownish fluid, the intercystic material being fibrous tissue with here and there calcareous plates. (Fig. 2.) The cyst lining consisted of

FIG. 2.



small cubical cells; in the tiniest cysts the interior was filled with colloid material, leaving no doubt as to the thyroid origin of the growth, so that we were forced to the conclusion that No. 3 was an adenoma of the normal thyroid; but, as regards Nos. 1 and 2, their position, and appearance during childhood, we think warrant us in considering them as true cystic accessory thyroids, probably developed from some erratic shoot out of the pharynx, near to, but apparently quite distinct from, the normal lateral lobe of the thyroid gland.

Liverpool.

AUDITORY VERTIGO CAUSED BY WORKING IN COMPRESSED AIR.

By JOHN CURNOW, M.D., F.R.C.P. LOND.,
PHYSICIAN TO KING'S COLLEGE AND THE SEAMEN'S HOSPITALS.

A MAN aged twenty-seven years was admitted into the Seamen's Hospital on Oct. 19th last. There was nothing of importance in the family history. The patient had had no serious illness since the age of nine years. He had worked a good deal on the railroad, but of late years a good deal of his time had been spent underground in the excavation of tunnels, in some of which compressed air was used. When fifteen years old he worked in the Severn tunnel for two months, the last month of which he was working in compressed air. He had driven a pony in a coal-pit for three months. He had worked in the Dorn and Chindley tunnel in Derbyshire for nearly eighteen months. During the construction of the Stockwell tunnel beneath the Thames the patient worked for eight months. He worked in the Blackwall tunnel from February to Whitsuntide of this year, and then again he had been engaged there for ten weeks before admission to the Seamen's Hospital. In none of these subterranean workings had the patient felt any ill-effects; in fact, he had always enjoyed excellent health. He had finished his eight hour shift on Saturday, Oct. 19th, and had walked on his way home nearly three miles, when just outside the hospital he felt ill. He became faint quite suddenly, and would have fallen had he not clung to the railings and been supported by his mates. He experienced a sudden noise in his left ear and felt quite deaf; his previous hearing had always been good. He also felt very giddy, and all neighbouring objects appeared to be revolving round him. He had a slight aching pain in his knees. He had no epistaxis, although he says this is common among the workers in the tunnel. When admitted to hospital the patient was a well-nourished man with no signs of gross organic disease in the heart, lungs, or abdominal viscera. He was in a very collapsed condition, with great pallor and a cold sweat over the forehead. The pulse was 66, the temperature 96° F., and the respiration was hurried. He was in a tremulous condition and unable to

him that this may be the case, I feel sure you will assist us by giving publicity to the matter. Of course, if this does not succeed, our association will feel bound to make a representation on the subject to the Home Secretary.

I am, Sirs, yours faithfully,

H. NELSON HARDY,

Treasurer of the United Kingdom Police Surgeons' Association.
Dulwich-grove, S.E., Nov. 7th, 1894.

EPIDEMIC SKIN DISEASE AND THE LAY PRESS.

To the Editors of THE LANCET.

SIRS,—When I wrote to you on Oct. 13th disclaiming any connexion with an article which appeared in the *Pall Mall Gazette* of Oct. 11th, containing a *précis* of my monograph on Epidemic Skin Disease, I stated my belief that it would hardly be necessary to trouble you to publish my letter, as it seemed to me sufficiently obvious to anyone who read it closely that I could not be held in any way responsible for that article. Subsequent events have shown me, however, that a public disavowal is desirable, and I should esteem it a favour if you could find a place for this in your columns. Enclosed I beg to forward for your perusal a letter addressed to me by the assistant editor of the *Pall Mall Gazette* stating "that the article in the *Pall Mall Gazette* of Oct. 11th on the New Skin Disease was not published at your instigation or suggestion, and, so far as I know, you read it, like the rest of the world, first in our columns. The writer was never in communication with you, and was, and is still, unknown to you." The article was published entirely without my knowledge, consent, or approval.

I am, Sirs, your obedient servant,

THOMAS D. SAVILL, M.D.

Upper Berkeley-street, W., Nov. 6th, 1894.

"THE ETIOLOGY OF TYPHOID FEVER."

To the Editors of THE LANCET.

SIRS,—I can fully corroborate Dr. Kenwood's opinion as expressed in his letter to you in your last issue with reference to the etiology of typhoid fever. I held the post of medical officer of health to the borough of Lewes for nearly twenty years, and during that period observed numerous sporadic cases in which it was utterly impossible to trace a cause from previous cases. It is true that Lewes suffered from a severe epidemic of typhoid fever just twenty years ago, since which time, in consequence of sweeping changes in sanitary matters, the disease has been conspicuous by its absence, so that an origin from that remote period might be safely eliminated. Bacteriology may be, and possibly is, doing much, yet there are among us, as Dr. Kenwood says, many who still believe cases may arise without infection from a previous case.

I am, Sirs, yours obediently,

J. G. BRADEN, M.R.C.S., &c.,

Fellow of the Society of Medical Officers of Health.
St. Margaret's-at-Cliffe, Nov. 6th, 1894.

"COMMON DISEASES MISTAKEN OR MISTREATED."

To the Editors of THE LANCET.

SIRS,—A portion of Dr. Goodhart's interesting address published in THE LANCET of Oct. 13th refers so obviously to my writings that I hope I may be allowed a few lines to defend my position on the principle of your well-known motto of fair play. Though at first sight one might regard it as an honour that one's pages should have the attention of such a well known physician, this feeling is considerably damped down on observing that the address refers especially to mistakes and mistreatment; and still more so when it is said that someone has experimented on himself and then gone and preached a universal rule, ignoring the very first principle of the art of medicine. If this applies to me—and it follows close on several lines which are entirely made up of the chapter headings of my book—Uric Acid as a Factor in the Causation of Disease,—I can only reply that I will undertake to produce either with diet, drugs, or uric acid itself, in anyone who will lend the necessary *corpus vile* in a condition of good physiological activity, results which would readily be acknowledged to be identical with those

I have obtained in myself; and anyone who reads my book carefully will see that, to a considerable extent, this has already been done.

I am quite aware that drugs may produce different effects in different individuals, or in different conditions of one and the same individual—e.g., chloroform; but this is generally due to very simple causes, and does not often require us to postulate the unknown quantity, individualism. Thus, salicylate of soda will produce slightly differing physiological effects, according to the amount of uric acid it meets with. Again, the effects of opium may be determined by the presence or absence of diarrhoea or intestinal ulceration; and even a glass of water will produce different effects on the flow of urine, according to the condition of the renal arterioles when it is administered; thus, relax them by a dose of calomel or the primary action of a dose of opium, and a glass of water will cause an immediate diuresis; on the other hand contract them by the secondary action of opium, and there will hardly be any increased flow of urine. If beyond these things there is still an unknown individualism I believe that further knowledge will reduce it to the very smallest dimensions, and even now I often regard the human test tube as but little less reliable than the chemist's instrument of glass. Introduce the same drug under the same conditions, and the same reaction will appear.

Dr. Goodhart says, Is it possible that all these things are produced by uric acid? I believe that it is quite possible; for though the names of these diseases are many, the effects of uric acid in producing them are few; thus local irritation of tissues accounts for gout and rheumatism, while the effects of uric acid on the arterioles and capillaries, and so on the circulation and nutrition of the body, will satisfactorily account for all the rest. It does not of necessity follow that we should escape all these diseases if we became vegetarians, for the liability of young women to anæmia and of children to rheumatism is, in part at least, due to the active metabolism of childhood, which entails a large formation of urates; but even here diet and the introduction of urates count for a good deal (as observed by Bouchard and others), and may in many cases just suffice to make the difference between health and disease. I should be quite willing to admit that diet is a product of evolution; but surely evolution turns out both useful and harmful variations, while selection perpetuates the one and eliminates the other; and it has yet to be decided whether we are to keep on with our present diet or return to that which was in use at the beginning of the century. In Persia gout is known as the disease of the rich, as in that country only the rich eat meat. In this country meat eating has gradually spread down to the lowest classes, especially in towns, and with it have come gout and its kindred diseases: the great majority suffer in some way, and those are most fortunate whose troubles most quickly oblige them to return to the habits of their fathers and grandfathers. Quite a large number of men in various countries are now investigating the possibility of the causation of disease by uric acid, and when my own researches are complete, which is by no means the case yet, I shall wait these results with every confidence; and I have already mentioned the results obtained by many fellow-workers. One of these is now investigating the diet relationships of stone in India, and what he has already told me lends but little support either to Dr. Goodhart's facts or his conclusions on the subject.

Dr. Goodhart is very certain that persistence in a rigid form of dieting does harm in some cases; I can only say that diet has cured me and made it possible for me to live and work in comparative comfort, and I could now easily give a number of similar cases from the ranks of the profession alone. I am aware, however, that in running headlong from Scylla it is possible to get too close to Charybdis, but that hardly proves that there is no *via media* of safety. The object which I at the present time hope to achieve by diet is rather to stop the unnecessary introduction of uric acid into the body than to aid its elimination, though one effect of diminished introduction is increased elimination, and, conversely, increased introduction produces diminished elimination, which accounts for Dr. Goodhart's observation on the effects of more meat in children who are "uric-acid passers." If, however, as Dr. Goodhart suggests, uric acid is an effect, not a cause, it follows that uric acid is itself a harmless substance, and can be taken to any extent without effect on the circulation or nutrition. I have often taken a little uric acid, and if it is harmless there is no drug in the Pharmacopœia toxic, for, like any drug, its evil effects can be demonstrated

simply by swallowing it, and if many of Dr. Goodhart's hearers are unwise enough to try large doses we may look for some rapid promotion.

I am, Sirs, yours faithfully,
Brook-street, W., Oct. 23rd, 1894. ALEXANDER HAIG.

INOCULATION OF INFECTIOUS DISEASES.

To the Editors of THE LANCET.

SIRS.—The inoculation of any infectious disease necessarily tends to multiply that disease. As the cases increase so does the danger of infection increase. This is so alike in man and in animals. The relations between these and the laws of their evolution are as yet very imperfectly understood; but that such relations do exist has been observed from the time of Homer:

"In dogs and mules the murrain first began;
At length the dire infection spread to man."

The artificial inoculation of infectious diseases in animals may be a source of real danger to man.

I am, Sirs, yours faithfully,
Savile-row, Oct. 2nd, 1894. HENRY LEE.

"THE POSITION OF THE THEORY OF EVOLUTION."

To the Editors of THE LANCET.

SIRS.—Dr. Campbell's estimate of the ethical value of evolution is true—for a certain class of mind. He is right in maintaining that a belief in determinism leads one to judge more mercifully the faults of others. But does it follow that any such rationalism is of equal value for the moral guidance of common humanity? The religious spirit is a product of evolution, and perhaps one of the most enduring of any. It fulfils its end in providing moral guidance for those to whom reason can never appeal with sufficient force. Hence every enlightened determinist and evolutionist may logically contend that a knowledge of philosophic truth is positively injurious to the morals of those who cannot act uprightly without a "pourboire" in the shape of reward after death.

I am, Sirs, yours faithfully,
Surbiton, Nov. 3rd, 1894. R. H. REYNOLDS.

ST. JOHN AMBULANCE WORK.

To the Editors of THE LANCET.

SIRS.—I shall feel obliged if you will call the attention of the medical men who lecture in the above to an important point that is coming forward. Under the County Council Act there is a clause which enables classes of ambulance work to be paid for by the County Council. As a secretary of a large centre I have declined to lecture under the County Council grant on the ground that such lectures are paid out of the rates and are technical; therefore the lecturers should be paid for the lectures at the usual fee. My object in writing to you is to ask secretaries and medical men generally to abstain from lecturing under, or to classes which are receiving grants from, the County Council unless they are paid the fee of a guinea per lecture. I need not say that the old system still maintains. I think every lecturer, or medical man who has not yet lectured, will fully see the necessity of remaining firm on this point and avoiding a precedent which may involve us in very heavy work without remuneration. The London executive will, I know, support us if we are firm.

I am, Sirs, yours faithfully,
F. J. JUDGE BALDWIN,
Nov. 5th, 1894. Hon. Sec., S.J.A.A., Rotherham.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

Presentation to Dr. Ransome, F.R.S.

AN interesting gathering took place in the Lord Mayor's parlour of the Manchester town hall on the 31st ult. of medical men, of members of the Manchester and Salford Sanitary Association, and of other friends on the occasion of a presentation to Dr. Ransome,

who has left for Bournemouth. Dr. Simpson presided, and in the course of his speech referred to Dr. Ransome's many services to the cause of sanitation by his writings, by his lectures to students at the Owens College, and more especially perhaps by those given for many years past to the people in the poor parts of the town in connexion with the Sanitary Association. He had been an active and energetic member of this association since 1856 and chairman for the last fourteen years. On behalf of a few of his Manchester friends Dr. Simpson asked his acceptance of a silver inkstand, a pair of candlesticks, and an afternoon tea service. He was followed by Mr. W. Crossley, chairman of the Hospital for Consumption and Diseases of the Throat and Chest, who alluded in warm terms to his services as one of the staff of the hospital, by Dr. Leech, Dr. Sinclair, and Mr. T. C. Abbot, one of the honorary secretaries of the Manchester and Salford Sanitary Association and a member of the City Council, by which body, he said, any memorial or request from the association was received with the greatest respect and courtesy. Dr. Harris said that letters had been received from Lord Derby, Sir W. H. Bailey, and many other gentlemen who were unable to be present. In his reply, Dr. Ransome gave many interesting reminiscences of Manchester in the days of his grandfather and father, both of whom were surgeons to the Royal Infirmary. The former was associated with the late Mr. Turner in founding the Pine-street School of Medicine, "the germ of that magnificent school which now existed at Owens College." His father was "the pupil, friend, and medical attendant of Dr. Dalton, whom he (Dr. Ransome) remembered." He referred also to the successful efforts he made many years ago to obtain registration of disease. This was done in Manchester by the voluntary aid of thirty or forty medical men connected with the various institutions. "To the honour of the medical profession in Manchester that return was continued for twenty years, and it was really the foundation of that national notification of disease which was going on now throughout the whole of England." Mr. T. C. Horsfall, in moving a vote of thanks to Dr. Simpson, expressed his gratification that he was to succeed Dr. Ransome as chairman of the Sanitary Association.

Opening of the New Medical Buildings at Owens College.

These extensive and well-arranged buildings were opened on Oct. 30th by the Duke of Devonshire, President of the College, who was accompanied by the Duchess. Travelling by special train from Rowsby, they were met at the Central Station by Principal Ward and Dr. Leech, and arrived at the College about noon. After being received in the library by members of the governing and teaching bodies, a procession was formed to the chemistry theatre, where the Duke, attired in his robes, took his seat as President of the College on this his first official visit. An address of welcome was presented to the Duke by the Principal, and other addresses followed. In his reply the Duke confessed that he accepted the position of President with some hesitation—even reluctance—partly because his former intimate connexion with Lancashire, partly social, partly political, had ceased and was not likely to be in the future so close and intimate as it had been in the past. But it proceeded still more from his feeling that he could lay no claim to have such scientific and literary attainments as they had a right to expect from their president. After the proceedings in the chemical theatre the Duke and Duchess were conducted to the new medical buildings. A large gathering took place in the physiology theatre of the teaching staff, of visitors, and a numerous demonstrative body of students. Here other addresses were presented to the Duke, and at the close of his reply he declared the new buildings open, and expressed his wish for their prosperous and successful career. At two o'clock a luncheon took place in the College, at which about eighty sat down. After the luncheon the Duke, in response to his health, gave an interesting account of the great changes that, within his own recollection, had taken place in Lancashire as to mode of life, the thirst for knowledge, and the opportunities for its acquisition. When the luncheon was concluded, there was another adjournment to the new buildings, where a reception (to which about 3500 invitations were sent out) was held. From the crowded condition of the staircase and corridors it seemed as if all those invited were present. The Duke and Duchess of Devonshire and Principal Ward went through their fatiguing duties with exemplary patience and great power of endurance, and it must have been a relief when the ceremony came to an end.