asked the patient to swallow and when asked for a diagnosis, said that the patient had an adenoma of the thyroid. Had, however, the patient been examined in a routine manner and been asked what she was complaining of (the history) before any examination was commenced, the examinee would have elicited that the patient sought advice on account of hoarseness of the voice, a fact of momentous importance in arriving at the correct diagnosis of the lesion.

It is of little use to attempt to assume the cloak of orderly routine method during the examination if one is habitually slovenly when dealing with patients. Routine examination must be practised and used on all occasions when one has cause to examine patients. For there are many things which may occupy the mind during the visit to Queen Square, and the routine examination of the patient should, by then, have become a conditioned reflex. Conditioned reflex because a different series of reflexes should be stimulated in the examinee when different diseased systems of a prospective patient are presented to him. Thus a diseased joint should automatically call for the following sequence of thought:—

(1) A history; (2) inspection of diseased and sound side; (3) palpation; (4) movements, sound side first; (5) measurements; (6) special tests (i.e., for tabes); (7) and the request for an X-ray examination.

Similarly when confronted by a patient with urinary symptoms an orderly method of investigation of such a patient should reflexly jump to mind.

It is admittedly a gift to be able to anticipate the question that one is to be asked at an examination, but it is not an impossible art to lead the examiner's questions in one particular desired direction. There are many ways of doing this. Very often the addition of a word will suffice. It is quite a task to think of questions to ask candidates, and many examiners, especially late in the afternoon, will unconsciously take the lead from the answers tended by the examinee.

The assumption and presentation of an American classification of a diseased organ, i.e., goitres, is to be strongly deprecated unless the candidate previously reveals that he is aware of the more usual British classification.

The fact that America is several thousand miles away and that goitre may differ in the two countries must not be lost sight of.

The last stumbling-block to the candidates was in giving the detailed steps of the operation for enucleation of an adenoma. Only one man described the operation correctly. Such points as where to cut the infra-hyoid muscles, and how to remove the adenoma from the gland, produced many and varied answers.

SWELLING IN RIGHT FOREARM.

By R. LESTER WILLIAMS, F.R.C.S.

THE patient is a woman, aged 51, complaining of a swelling of the right forearm. She first noticed a general swelling of the flexor surface of the right forearm in 1918. The swelling gradually increased in size until it extended along the whole of the flexor surface of the forearm from just below the

History.

level of the elbow-joint to just above the wrist-joint. The swelling of the forearm is not painful, but it causes a sensation of tension in the forearm.

In 1929, as the swelling continued to increase in size and caused some inconvenience, she attended hospital for advice. She was admitted to hospital and a small incision was made into the swelling just above the wrist-joint. A piece of the swelling was excised for section. The small exploratory incision healed satisfactorily.

The swelling continued to increase slowly in size until in April, 1932, she again attended hospital with the request that something should be done.

Past history gives nothing of importance. No history of tuberculosis or of syphilis.

A healthy looking, well-nourished woman. There is a general swelling of the whole of the flexor surface of the right forearm, extending from just below the level of the elbow-joint to just above the level of the wrist-joint. The skin of the forearm is quite normal, is not attached to the swelling, over which it moves freely. The swelling appears to lie deeply to the superficial flexor muscles, and the palmaris longus tendon can be seen lying superficial to the swelling. Just above the wrist is the healed longitudinal scar of the previous operation. Here the swelling has burst through the deep fascia and lies just beneath the skin, where it gives a definite wave of fluctuation. Over the rest of the swelling there is no definite fluctuation, but the general feeling is that of a semi-solid swelling lying deep to the superficial flexor muscles which are stretched out over it.

Reference to the hospital notes of 1929 reveals that a microscopical examination of the excised portion showed it to be a lipoma. As the lipoma extended the whole length of the forearm and between the various flexor muscles and important

On Examination. large nerves and blood-vessels, it was considered to be impossible to remove the lipoma without inflicting serious damage to these important structures. No attempt was therefore made to remove it.

In the discussion of the diagnosis, a large number of the candidates suggested a diagnosis of tuberculosis, cold abscess of the forearm. The following considerations would, however, exclude this diagnosis: Firstly, the very long history since 1918; secondly, the absence of any adhesions or sinuses; and thirdly, the absence of any history of tuberculosis or signs of tuberculosis elsewhere. A tuberculous lesion, no matter how chronic, would certainly have broken through the skin and formed multiple discharging sinuses.

A diagnosis of gumma was suggested by some of the candidates, but would be excluded for similar reasons.

Having thus excluded a chronic inflammatory lesion, we are left with the diagnosis of a neoplasm. The length of the history again excludes the possibility of a malignant growth, and of the many possible innocent growths the correct diagnosis of lipoma was suggested by some of the candidates.

As the growth is definitely continuing to increase in size and to cause inconvenience to the patient, an attempt will be made to remove the whole growth, or as much of it as is possible without inflicting injury on the important structures in the forearm.