The immediate vicinity of Toronto is not goitrous, yet as a recognized medical and surgical centre it draws many cases from an extensive territory around, and in the great majority of these cases the best-known therapeutic measures adopted by the general profession have already been resorted to. My connection with Toronto hospitals places me in a most favorable situation with regard to the supply and character of this clinical material, and a number of our prominent practitioners have very kindly referred to me their private as well as their hospital patients, thus testifying to the unsatisfactory state of the therapeusis of the thyroid as well as to the success of my labors. This is most gratifying to me, and greatly to the credit of my professional brethren, well illustrating their broad and progressive spirit in contrast to the opposition to methods electrical manifested in other quarters. Improved apparatus and methods have retrieved past failures, and rendered possible results hitherto unattainable.

The discussions elicited by my former papers disclosed a decided variance of opinion as to the value and range of applicability of electrical treatment, and demonstrated the need and incalculable usefulness of our Association. I have again to report progress and state the deductions from a year's further experience. My aim has been to shorten the period of treatment, while extending the interval between *séances*, to improve technique and to discriminate the treatment most appropriate to each case.

The percutaneous method, using strong currents by means of flexible clay electrodes, has received considerable attention. I have found it very tedious, and have come to the conclusion that its chief utility lies in combating the hyperæmic condition, in reducing simple hypertrophy, in stimulating liquefaction and absorption of recent fibroid growth, and lessening the œdema of older cases preparatory to more active measures. It may also be employed where puncture would not be well borne, and occasionally to alternate with puncture treatments.

Thyroid hyperæmia occurring at the menstrual period or during pregnancy, and disappearing at their termination, does not call for interference unless there be accession of size at each period or gravid state. Galvanization of the sympathetic should then be resorted to, with occasional clay pad percutaneous treatment if necessary. This remark also applies to goitrous cases of amenorrhœa, whether primitive or secondary.

In the slighter forms of hyperplasia, the clay electrode treatment is indicated, the positive electrode at the back and the negative over the goitre, starting with 20m.a. to 30m.a. The patient will, after a few