tration of thyroid is uncertain. Dr. Bury (*British Medical Journal*, Sept. 12, 1896, page 621) reported the case of a babe one year old that had "ceased to get on, became flabby, fat, lost his vivacity, and had begun to show protuberant abdomen, a lax skin and other cretinoid appearances." Small doses of thyroid speedily "picked him up," and treatment was discontinued at the end of six months without return of symptoms. In more marked cases it will probably be necessary to give thyroid once or twice a week to maintain a good condition. It may be that intermissions of a few weeks from time to time may be allowed without ill effects.

The diagnosis of cretinism in well-marked cases offers no difficulties. As early treatment results practically in perfect recovery, and the later that treatment is undertaken the less the effect produced, especially on the mental condition, it is of the utmost importance that an early diagnosis be made. Some cases have been supposed to be chronic Bright's disease. Other forms of idiocy, especially the so-called Mongol type, infantilism and fœtal rickets, have to be excluded. There may be difficulty in distinguishing in some cases the Mongol type of idiots from cretins.

Cretinism may be due to congenital absence of the thyroid gland, to atrophy of the gland following constitutional diseases, or to degeneration caused by goitre. In cases of congenital absence of the gland the symptoms begin in infancy and may show themselves at birth (Victor Horsley, *British Medical Journal*, Sept. 12, 1896, page 620). In cases due to atrophy and degeneration, the disease begins later in life, and often follows an acute disease, such as scarlatina, measles, etc.

While this disease is not prevalent in Ontario, a sufficient number of these unfortunate cases occur to merit the careful attention of the profession. So far, I have been able to secure reports of seventeen cases, and a few others are known to exist of which reports have not yet been obtained. Doubtless there are many other cases of which I have not as yet heard. Five years ago Osler could find only eleven cases in America, and last year, the profession having learned to recognize the condition better, he was able to report upon forty-nine other cases. The fact that in a collective investigation extending over less than two months I have been able to find seventeen cases in this Province indicates a wide recognition of the disease.

The following are brief notes of these cases:

1. Dr. R. M. Calder's case, Petrolia.—Charlie H., aged fifteen years. Height 3 feet 4 inches. (Fig. 1.) Appeared well until ten months old when he had scarlet fever. After this his growth seemed arrested. He did not walk until two years old; then he became subject to severe attacks of colic until the age of twelve years. He has a very large abdomen and walks with a waddling gait; mentally he is infantile. He would like to be large like his brother, and wonders if his father would give fifty cents to have him made that large. His face is usually grave.