

often to a fatal termination. These parathyroid bodies are often difficult to distinguish during the removal of the thyroid, being situated usually where the thyroid vessels enter the gland. They get their blood supply apparently from the thyroid vessels, and hence, if a complete thyroidectomy be made, the main trunk of the vessel should not be ligated, but rather the branches as they enter the gland. Halsted usually leaves the upper pole of the thyroid where the superior thyroid enters. One of the dangers of this procedure is the liability of secondary hemorrhage. Dr. Charles H. Mayo leaves the posterior capsule of the gland, believing by this procedure that the parathyroids will be uninjured. Halsted, who has had an unfortunate experience in one of his cases, does not think that Mayo's procedure will preserve the integrity of these important bodies. He has successfully transplanted parathyroids in the spleen of a dog, and also into the opposite half of the gland. Von Eiselberg had two cases of grave tetany following thyroidectomy during the past four years, and in both cases the administration of the dry parathyroids successfully relieved the condition. In one case of tetany of long standing, he transplanted into the abdominal wall a parathyroid gland taken from a patient operated on for goitre. The result was very good indeed, as the tetanic symptoms were very much improved. The rectus muscle and spleen are eminently suitable structures for such transplantation.

If only one-half of the gland be removed, together with the isthmus, the destruction of the parathyroids on this side of the body will not influence the health of the patient, yet in this operation I believe these bodies should be preserved if possible, otherwise it would be dangerous to operate later on the other half, a condition, however, which fortunately seldom occurs. Partial thyroidectomy has been very successful in the treatment of exophthalmic goitre or Graves' disease, yet it is an operation difficult of execution, and quite dangerous.

The treatment of the gland with X-rays for some weeks before operation will, it is said, toughen the tissues, thereby lessening the danger of hemorrhage, and perhaps also that of acute thyroidism. This latter danger is, I believe, the greater of the two, and for this reason the gland should be freely exposed before attempting its removal, and free drainage should be provided.

The treatment of essential epilepsy by resection of the cervical sympathetics has not been attended by sufficient success to warrant the belief that much amelioration will result from it. The reports of cases operated on vary so much, that one unconsciously feels that the reporters in many cases are not unbiased. In the cases that have been followed for years after the opera-