

evidently containing a deficiency of iodine derived from the maternal thyroid. Of 2,333 cases of congenital goitre collected by Fabre and Thevenot,\* the mother was almost invariably goitrous. The foetal thyroid enlarges in order to obtain as much iodine as it can.

It was natural to suggest that the waters of the Kropfbrunnen were deficient in iodine, but this theory would overlook the fact that the bulk of our iodine is derived from vegetables, not from drinking-water, and as a matter of fact these wells show no constant deficiency or excess of iodine. It is more probable that they contain minute traces of some metal having a great affinity for iodine, and forming with it an insoluble compound. It is quite conceivable that boiling the water might precipitate such a metal. There are probably many metals, known and unknown, that would fulfil the conditions; it will suffice to mention silver as an illustration. This, if taken into the body, would withdraw so much of the available iodine as inert silver iodide, that the thyroid must enlarge to obtain the indispensable minimum.

The theory has been advanced that the Kropfbrunnen contain some organism capable of causing a goitre. To accept this, however, is to overlook the weight of evidence bearing on iodine metabolism in relation to the thyroid. Again, it is quite in accordance with the common laws of Nature to find a metal or mineral specially limited to particular geological formations in widely separated areas; but there is no evidence that bacteria are dependent

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\* *Revue de Chirurgie*, June 10, 1908.