

gest the therapeutics. There are cases, it is true, which consult us for an enlarged thyroid in which one is apt to overlook the possibility of the enlargement being due to a hyperthyrea rather than a hypothyrea. If there is no exophthalmos and little tremor one is apt to overlook a moderate tachycardia occurring in a woman, in whose sex tachycardia is apt to be common and sometimes normal. Where, however, we have an enlarged thyroid with any evidence of nervousness, and any evidence of increased heart's action, we should give our thyroid with extreme caution. Many cases are on record where patients have gone to their death as the result of thyroid feeding in cases analogous to those I have just mentioned, in which the possibility of an obscure hyperthyrea was not considered and not discovered. As a terse summary, it might be put thus: In goitre, with evidence of diminished or lowered metabolism, give thyroid; in goitre with evidences of increased metabolism, shun it as a poison.

Since all the symptoms of hyperthyrea are due to an excessive secretion of thyroid and distribution of this secretion throughout the blood, some European genius conceived some time ago the idea that if some of the domestic animals, such as the goat, could have the thyroids removed, and so accumulate in its blood the anti-bodies which the thyroid secretion would normally neutralize; and could the animal be kept alive for a time sufficient to concentrate these anti-bodies in the blood, that when the blood was withdrawn and dried we should have a concentrated neutralizer for the excessive thyroid secretion. This idea has been adopted very largely by some of the manufacturing drug houses, and there is upon the market a preparation of dried blood of the goat or sheep which is prepared in the way suggested, and which is known as *thyreoidectin*. This has been used quite largely by many observers, and has given pretty generally good results. In certain cases it has failed to give any results whatever. An explanation which has been advanced for this failure is the possibility of accessory thyroids in the animal from which the blood was removed, or the possibility of the disease in the human subject being due (as I suggested before) not to excessive but to perverted thyroid secretion. Certain it is that in a given number of cases thyreoidectin is valueless. Some observers have obtained excellent results in these cases of failure by giving full doses of iodine, usually in the form of the tincture. This is an old, old remedy for this disease, but an excellent one. A considerable quantity of iodine has been isolated from the normal thyroid gland, hence the theory that in these cases the iodine has been deficient