there be not some safer method of diminishing the exaggerated secretory activity of the organ. Among these, various forms of section of the cervical sympathetic have been advocated and practised. In the *Lyon Médical* for October 31st, 1897, M. Jaboulay claims that to him exclusively belongs the credit of having shown that paralysis of the fibres of the cervical sympathetic ameliorates the symptoms in exophthalmic goitre. He mentions some particulars of the usual cutting, tearing, wrenching and squeezing methods which have been practised by surgeons in this region of the body. A ganglion more or less cleared out seems to be all in the day's work, and then the operator seems to adopt a sagacious Micawber-like attitude and waits for something to turn up. It does, I suppose, sometimes, but it seems also to be necessary to enter a word of caution when these heroic methods are in the air. In the first place, what does the surgeon aim at beyond the broad fact of reducing somehow the complex of systems constituting the disease? Does he expect to diminish the glandular activity of the thyroid? If so, how does he know that the sympathetic is the chief secretory nerve involved? That it may to a certain extent have such a function may from analogy with other glands be admitted; but that it is the chief secretory nerve may as certainly be denied. The secretory nerve of the thyroid gland is in all probability the pneumogastric, and if nerve section for this purpose is to be practised, it would seem that the sooner the surgeon pays attention to the thyroid branches of the pneumogastric the better, always supposing that the manipulations involved do not so disturb the main trunk as to cause—well, an inconvenient duration of cardiac inhibition. If on the other hand his object be to quiet the tachycardiac heart, it would seem a pity that the patient should have to part with so much of his indispensable nervous system to secure that end. If, finally, he aims at the removal of exophthalmos, inasmuch as the sympathetic is essential to vaso-constriction, it would seem unfortunate that he should give a free hand to vaso-dilators and over-secretors by destroying the sympathetic. If there be any cogency in these comments it would appear advisable, in the mean time, that the surgeon and the physician alike should restrict their endeavors to diminishing, if possible, and by less heroic means, the secretory activity of the gland. I have known the electrical treatment of the thyroid (galvano-puncture) shrivel a large pland causing respiratory difficulty, to a mere nodule, and belladonna, from the days of Begbie till now, has apparently been capable at times of diminishing thyroid secretion just as it does that of the salivary and pharyngeal glands.—*Treatment.*