thyroid secretion, all are agreed that it has an immediate action on the nervous system, and a secondary one on general nutrition. Notkine (ibid., April 3rd, 1895) claims to have isolated from the thyroid body the substance (called by him thyroproteid) which causes myxœdema and its acute complications, the actual secretion of the gland being a ferment which converts the thyroproteid which is collected by, and stored up in, the gland into a useful substance (thyroidin). If Graves's disease is caused by over-activity of the gland, there would be, on this hypothesis, no more thyroproteid left, and the organism would be saturated with thyroidin (hyperthyroidation). Renaud (ibid., August 7th), in 1888, had described a lesion which, among the variable ones of thyroiditis, is never wanting in Graves's disease, whether the gland is hypertrophied or not. This is an intralobular cirrhosis obliterating the lymphatics except quite at the margin of and between the lobules, by reason of which the thyroid secretion passes directly into the veins instead of partly into the lymphatics. This, with the presence of a peculiar type of fever, led him to suppose that the disease was caused by a morbid poison, which normally underwent destruction in the lymphatics. The latter view is supported by the fact that an extract of an adult gland is harmless when ingested, being absorbed in the chyle and passing through the lymphatics. In the foetal thyroid the follicles secrete a mucous substance (thyromucin), in the adult a colloid (thyrocolloidin). This latter is normally produced in all the follicles which are connected with the lymphatics, but in exophthalmic goître it is only found at the margin of a lobule, the central follicles being poor in thyrocolloidin, or, if freshly formed, filled entirely with thyromucin. This closure of the lymphatics, which in the thyroid take the place of an excretory duct, causes a hypertrophic cirrhosis (cf. biliary cirrhosis) with new gland formation of a fœtal type. Renaud concludes that the normal function at the periphery of the lobules being maintained is sufficient to prevent myxœdema by pouring thyrocolloidin into the blood. In the centre, however, only thyromucin is absorbed, and this he looks upon as the poison in Graves's disease. In their attempts to produce hyperthyroidation, Ballet and Enriquez injected extract of adult thyroid, that is, thyrocolloidin, and it remains to be seen whether Graves's disease could be brought about by injecting extract of fœtal gland,-that is, thyromucin. Thus exophthalmic goître is neither purely of bulbar nor of thyroid origin, the secretion of the gland being controlled by a centre in the medulla (cf. diabetes).

An exhaustive paper by E. Fletcher Ingalls, M.D., with the collaboration of Henry G. Ohls, M.D., of Chicago, on the treatment of Goitre, Exophthalmic Goitre by Thyroid Extracts and Desiccated Thyroids, appears in the New York *Medical Journal*, Sept. 7, 1895.

Thyroid extract, he states, was first recommended by G. R. Murray, in October, 1891, and the entire gland by F. Howitz in