

vastly in excess of the normal. Dr. Ballin, of this city, who has done considerable work on the surgery of thyroids, assures me that he always differentiates by the feel, the enlargement of the exophthalmic form from that of the simple form. In the former the gland is harder and has a very much more adherent capsule than in the latter.

Now as to treatment.—*Athyrea*.—In this disease there is nothing yet discovered which takes the place of thyroid treatment. Its results are most brilliant and most constant. Of course if the case is neglected until late in life, and permanent changes in tissues have eventuated, it is hardly fair to expect brilliant results from thyroid treatment; but given a case taken moderately early in life, or moderately early in the disease, and we may almost invariably depend upon results from this line of treatment. The same applies to the treatment of operative athyrea or myxedema, although we rarely see this condition at present, owing to the care with which a small portion of the thyroid gland is preserved in all cases of operation upon it.

Similarly we attach the same reasoning to the treatment of cases of *hypothyrea*. In this disease, with our lack of normal secretion from the thyroid it is necessary that we should supply to the tissues the thyroid in some form. In the cases referred to of children showing mental vacuity and physical inactivity, brilliant results may be achieved by careful thyroid treatment. In the young woman, likewise previously referred to, where we have the same mental hebetude, associated often with amenorrhoea and chlorosis, small doses of thyroid continued for some time give us most excellent results. Wherever in short, we have evidence of lack of secretion of thyroid juice, the feeding of the commercial gland, which is the only available form at the present time, is decidedly indicated. In most cases nothing can take its place.

In *hyperthyrea*, on the other hand, where we have an excessive secretion of this juice, we must under no circumstances be induced to feed thyroids. This is a point which I wish particularly to emphasize. I had supposed that the profession was a unit in realizing the necessities in this connection, but to my amazement, I have discovered within the last few months a number of reputable practitioners, standing high in the community, who have been guilty of the practice, the highly injurious and most careless practice, of giving thyroids in cases of hyperthyrea. It is quite manifest that the profession as a whole does not realize the true pathology in these cases. The nomenclature, which I have suggested to you to-day, should suggest the pathology in a moment. It should likewise sug-