

grafting have both been undertaken in man for cretinism and tetany respectively, with the idea of relieving the patient from the necessity of taking drugs all his days. In a few cases success has resulted, but unfortunately the graft becomes absorbed as a general rule, and soon ceases to function. In a case recently described by Brown, of Melbourne, parathyroid feeding and calcium salts both failed to relieve tetany in a patient who had been treated by a too-extensive thyroidectomy for Graves' disease. The in-grafting of parathyroid tissue from dogs and monkeys gave pronounced relief for about 12 days, but she relapsed after each operation. Human parathyroid was then grafted, and the cure seemed to be permanent. I have seen a case apparently cured by the grafting of human parathyroid.

We see also that exophthalmic goitre is due to hypersecretion of the iodothylin, as is proved by the artificial imitation of the disease by excessive thyroid feeding, by the excess of iodine present in the colloid in Graves' disease, and by the character of the histological changes. Thus we have reason to expect good from partial removal, which has been very successful in the hands of Kocher, the Mayos, and others. It would be reasonable also to try the effect of iodine starvation, by eliminating vegetables and ordinary tap-water from the dietary, and substituting for the latter the water of a goitre well.

Further, we are helped to understand and to recognize cases of iodoform poisoning, and to learn caution in the use of this drug on absorbing surfaces. It is safer in children than in adults.