

the spinal accessory. The result in a case I saw, which Cushing had operated on, was extremely satisfactory.

Since operations on the thyroid have become frequent during the last few years, attention has been drawn to the importance of the parathyroid bodies. Although these structures were first accurately described by Sandstrom in 1800, their function remained a secret for many years. It was then found that when these bodies were removed a true tetany developed, which led often to a fatal termination. These parathyroid bodies are often difficult to distinguish during the removal of the thyroid, being situated usually where the thyroid vessels enter the gland. They get their blood supply apparently from the thyroid vessels, and hence, if a complete thyroidectomy be made, the main trunk of the vessel should not be ligated, but rather the branches as they enter the gland. Halsted usually leaves the upper pole of the thyroid where the superior thyroid enters. One of the dangers of this procedure is the liability of secondary hemorrhage. Dr. Charles H. Mayo leaves the posterior capsule of the gland, believing by this procedure that the parathyroids will be uninjured. Halsted, who has had an unfortunate experience in one of his cases, does not think that Mayo's procedure will preserve the integrity of these important bodies. He has successfully transplanted parathyroids in the spleen of a dog, and also into the opposite half of the gland. Von Eiselberg had two cases of grave tetany following thyroidectomy during the past four years, and in both cases the administration of the dry parathyroids successfully relieved the condition. In one case of tetany of long standing, he transplanted into the abdominal wall, a parathyroid gland taken from a patient operated on for goitre. The result was very good indeed, as the tetanic symptoms were very much improved. The rectus muscle and spleen are eminently suitable structures for such transplantation.

If only one-half of the gland be removed, together with the isthmus, the destruction of the parathyroids on this side of the body will not influence the health of the patient, yet in this operation I believe these bodies should be preserved if possible, otherwise it would be dangerous to operate later on the other half, a condition, however, which fortunately seldom occurs. Partial thyroidectomy has been very successful in the treatment of exophthalmic goitre or Graves' disease, yet it is an operation difficult of execution, and quite dangerous.

The treatment of the gland with X-rays for some weeks before operation, will, it is said, toughen the tissues, thereby