yet, has met with the myxœdematous artist. This brings us to the question of the parallelism between endocrine equilibrium and diathesis, which Sajous has endeavored to establish. I shall refer to this later, but at this moment I merely point out that a correlation is invariably perceptible between physical reaction to stimuli and psychical reaction to stimuli. If, therefore, thyroid insufficiently increases physical inertia, it is natural that it should, at the same time, increase mental inertia. Irritability of body, restlessness, rapidity of expression, swiftness of thought—all these must be linked up in some way, and it is to the hormone balance in general and the thyroid equilibrium in particular, that we look for a unifying factor.

In dealing with the thyroid, however, the only unit of the endocrine group of which we have anything like a working knowledge—how many of us have realised that the entire literature of the subject will need to be rewritten in the course of the next generation? Consider the recent discoveries made concerning the parathyroids, including the suggestive researches of Dr. David Forsyth. We know from these that certain physiological effects of the thyroid itself are antagonised by those of the parathyroids, just as certain of its functions are antagonised by those of the adrenals. And yet we speak—as I have been speaking—of the thyroid function with no differentiation between these two principles. Consider again such a theory as Horsley's of the ætiology of epilepsy. We are compelled to ask: Is the cause thyroid inadequacy in relation to parathyroid activity? Or is it parathyroid inadequacy in relation to thyroid activity? Or is it either of these in further relation to the functions of other endocrine glands?

Whatever is meant by the "epileptic diathesis" I take it that there is a specific endocrine equilibrium correlated to it; while we have only to turn to history for evidence of the relationship between epilepsy and genius. Again, seeing that we know one of these two hormones to be pressor and the other depressor in action, how is it that we composedly prescribe preparations of thyroid extract without ascertaining whether they contain both principles or the thyroid hormone only?

I have referred to manic depression; in its grosser forms it is known to all alienists as a phase of paranoia, but depression in its milder forms as a phase of cyclothymia comes under the notice of every intelligent observer of human conduct. Periodic variation in mental states is a phenomenon which, although we are so well accustomed to it, might reasonably excite our astonishment. For, be it noted, we are not dealing with a condition in which the mental variation is secondary to some