

lid. The patient stated that he sometimes had vertigo, but he could maintain his equilibrium even with his eyes shut. The mastoid was operated on, a large cavity being found extending up to the middle fossa. This gave very little relief; therefore, after five days, the skull was trephined 3 centimetres above the meatus. The dura mater bulged, and did not pulsate. No abscess, however, was found in the temporal lobe. This operation was followed by slight temporary improvement, but the patient died on the eleventh day. At the post-mortem examination the cerebellum was found to be adherent to one part of the posterior wall of the petrous bone. The adhesion covered an abscess about the size of a pigeon's egg in the upper part of the right cerebellar hemisphere. No sinus or track of any kind could be made out connecting the mastoid abscess with that in the cerebellum.

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THYROID, Etc.

Cristiani.—*On Thyroid Grafts.* “*Revue Méd. de la Suisse Romande*,” October 20, 1902.

In previous papers on this subject Cristiani has reported the results of his experiments on rats and other mammals, birds and reptiles, and has shown that it is possible not only to get thyroid grafts to take and to become reorganized, but even to hypertrophy. Eiselsberg followed some of his grafts up to six months without finding signs of degeneration; Cristiani followed his up to five years and found them then true active thyroid glands, richly vascularized, and with very numerous alveoli containing colloid matter. Earlier experimenters made the mistake of using too large grafts, using, for example, a whole lobe of the thyroid of a sheep, cat, etc. In all animals the thyroid, in order to perform its function properly, requires an immense blood-supply in proportion to its size; therefore a large graft, even if it takes well, has comparatively small chance of ever becoming an actively functional gland. As a matter of fact, large grafts do not take well, their deeper parts never properly reorganize, and if implanted subcutaneously they do not take at all, but degenerate and are absorbed. Now, in man the only form of grafting justifiable is subcutaneous grafting, intraperitoneal grafting being too dangerous. The chances of success are much greater if the thyroid is taken from the same species of animal that it is to be grafted on; therefore in man it is best to have a small piece of thyroid taken from a healthy human gland. This can easily be obtained during many operations on the neck.

The patient having been prepared by a course of thyroid feeding, several small incisions are made through the skin, then with a blunt-pointed instrument little pockets are burrowed in the subcutaneous tissue—six or eight may be made, radiating from each incision—and into the bottom of each pocket is placed a small piece of healthy thyroid gland about the size of a grain of wheat. It is obvious that each piece of gland, being so very small, can be easily supplied from the vessels of the subcutaneous tissue with a relatively very large blood-supply, and can therefore rapidly become reorganized and converted into a small active thyroid gland. Further details are promised in a later paper.

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