larger acini vary greatly in size. The alveolar walls are often wavy; the cells are cuboidal to low columnar and oftentimes aggregations of lymphoid cells are characteristically seen. Goetsch is almost of the opinion that this is a new clinical entity which heretofore has very often escaped notice, and in which hyperthyroidism is produced principally by an increase in amount of the so-called fetal tissue in the thyroid, with also some increased activity of the thyroid alveolar cells. This, in a number of cases, was recognized by the increased concentration of mitochondria in the cells. When a positive epinephrin response is elicited after a reasonable trial at rest cure, and in the absence of any other recognizable pathology, the physician should think of a possible hyperthyroidism and then of the benefit which in many of these cases follows resection of the gland. The results thus far obtained are sufficiently encouraging to warrant further trial of this kind.

Schiassi, B. EXOPHTHALMIC GOITER. [Policlinico, June 21, 1920.]

Schiassi presents charts showing the vicious circle set up by abnormal conditions in the cerebellum, sympathetic nervous system and the thyroid, which finally involves other ductless organs. But he explains that in true exophthalmic goiter the thyroid is primarily affected; the disturbance in the secretion leads to toxemia which may prove fatal unless the vicious circle is broken up in time. When the thyroid is only secondarily involved, the disturbance is never so severe. With this latter form there may be periods of health alternating with periods of symptoms over many years, but they never prove fatal. This is the type of cases that are called *formes frustes* of exophthalmic goiter, but this is a misnomer; it is not an abortive form but merely presents a few of the symptoms. An instructive instance cited to show the interrelations between the endocrine glands is that of a physician who injured the thyroid by running into a clothesline in the dark. The swelling and pain in the thyroid and palpitations were accompanied by swelling and pain in the testicles, and priapism. Sexual excitement was accompanied by pain in both testicles and the thyroid. [J. A. M. A.]

Krogh, M. THYROID METABOLISM. [Ugeskrift for Laeger, April 22 and 29, 1920.]

The thyroid metabolism of bed patients has been investigated by this observer. He measured the amount of the expired air and the percentage of oxygen and carbon dioxide in this air. The patients were classified according as they suffered from (1) Graves's disease, (2) goiter unaccompanied by other signs of Graves's disease, (3) myxedema, and (4) adiposity without myxedema. In the first class metabolism was increased by 40 to 80 per cent. above normal. In the second class this increase of metabolism was only from 5 to 25 per cent. above normal. In several cases the clinical evidence was in favor of Graves's