results than any other form of antithyroid treatment. The subjective state of the patient is particularly favorably influenced. The dose of the milk should be from $\frac{3}{4}$ to 2 liters daily, and it also appears that radiotherapy can be combined with advantage. This treatment is perfectly logical, since it aims at the functional suppression of the pathological gland, while antithyroid treatment neutralizes the toxic secretion only. Surgical treatment should be reserved for those cases in which medical treatment has failed or where the gravity of the condition necessitates urgent action.

Fournier, J. C. OPTIC NEURITIS WITH HYPOTHYROIDISM. [Semana Med., Feb. 6, 1919.]

In a woman 24 years old a bilateral optic neuritis developed. She had had three pregnancies in each of which the thyroid function seemed to come up to average, but in the interim for seven years or more mild hypothyroid symptoms were evident. Three months after her last two pregnancies vision became impaired. The optic neuritis was ascribed to the thyroid insufficiency and opotherapy. Vision improved under it, but started every time it was suspended the vision dropped from $\frac{1}{3}$ to $\frac{1}{6}$. One eye was blind for four years. There was a family tendency to obesity, and the visual disturbance was assumed to be a polyglandular syndrome with hypothyroid predominance.

Dock, George. MYXEDEMA AND HYPOTHYROIDISM. [Journal of the Missouri State Medical Association, May, 1919.]

The author discusses some of the common difficulties in the diagnosis of myxedema. This condition is frequently mistaken for nephritis, although the swollen lips, the boardlike hardness of the swelling, the dry, rough skin should put one on guard. Changes in hair growth are like those of senility but come on before the usual senile age; they may be alopecia, especially at the edges of the scalp, and thinning of the outer part of the eyebrows. An important symptom is the sensation of coldness or the sensibility to cold, with actual low internal temperature. The speech is slow and the voice muffled or leathery. The writer's practice is to begin with a small dose of thyroid extract, about one grain three times a day, increasing rapidly until physiological effects appear and then reducing until the desired condition is reached.

Loeper, M. FLATULENT DYSPEPSIA AND HYPERTHYROIDISM. [Progrès Méd., Oct. 12, 1919.]

The increased vagotonia in certain autonomic types of exophthalmic goiter are responsible for the four of forty cases of exophthalmic goiter, with diarrhea and the thirteen cases with dyspepsia reported upon by this author, although he is inclined to place more weight on mechanical and toxic factors resident within the organ; overlooking the