operation, the excitability of the sympathetic system gradually decreased, so that the sympathicotonic epinephrin blood pressure curve became normal. In some cases it became even markedly vagotonic. The results of other functional tests of the vegetative autonomic nervous system corresponded to these findings. At the same time, it was established that in sympathicotonic subjects the course of the epinephrin pulse curve corresponds closely to the blood pressure curve. In spite of marked and rapidly increasing blood pressure, there is no primary retardation of the pulse. The result of the investigations points to an elective sensitizing effect of hyperthyroidism on the sympathetic nervous system.

Seitz, E. EXOPHTHALMIC GOITER AND VEGETATIVE NERVOUS SYSTEM. [Zent. f. innere Med., October 29, 1921, Vol. XLII, No. 43.]

Among the factors apart from the thyroid proper, a condition of the vegetative nervous system has been held to be the real underlying cause of exophthalmic goiter. The behavior of the blood sugar is one of the indices for the condition of the vegetative nervous system. He undertook to test the blood sugar metabolism in fifty cases of strumectomy. A few days before the operation he examined the patient for the blood sugar value, fasting, and also an hour after test ingestion of 100 gm. of glucose. In a portion of the cases the same test was made with 0.75 mg. of epinephrin. In a large majority of the cases, the same tests were made two weeks after the operation, and in a few instances after still longer intervals. From his findings the author infers that very frequently—but by no means constantly—in affections of the thyroid gland the vegetative nervous system, particularly its sympathetic pathways, are hyperexcitable.

Coulaud, E. THYROID TREATMENT AND TUBERCULOSIS. [Annales de Médecine, November, 1921, Vol. X, No. 5. J. A. M. A.]

Coulaud relates a number of examples of the flaring up of latent tuberculosis under the influence of thyroid treatment. This was particularly pronounced in three women with "thyroid rheumatism." The severe rheumatism improved materially under thyroid treatment, but the patients began to cough and develop active pulmonary tuberculosis. Souques has reported two similar cases, the women recovering almost completely from their painful polyarticular rheumatism, but dying soon after from pulmonary tuberculosis. All tests for tuberculosis had been negative before. One of these patients took 316 doses of 0.1 gm. of thyroid extract in the course of eight months; the pains and stiffness reappeared when the treatment was suspended. One man of forty-seven with chronic rheumatism improved spontaneously as pulmonary tuberculosis became installed. As the symptoms of rheumatism returned, thyroid treatment was begun and this seemed to speed up the lung process. The thyroid seems to be exceptionally active during menstruation, pregnancy and the menopause, and in these periods the resisting power to tuberculosis seems to be at its lowest ebb. Rist has recently reported some cases in which the onset of

tuberculosis coincided with the beginning of a pregnancy. In Coulaud's experience, in eleven of twelve cases of pulmonary tuberculosis in women with goiter, the tuberculosis began at the menopause. In another woman a course of thyroid and iodine treatment for goiter was followed by a period of coughing and hemoptysis as the goiter improved. This occurred twice in a few years.

Campbell, J. M. H. SOME ASPECTS OF EXOPHTHALMIC GOITER. [Quart. Jl. Med., October, 1921.]

Campbell has dealt especially with the etiology and prognosis. The conclusions are based on 127 consecutive cases treated in Guy's Hospital during the ten years 1908-1917. Over 70 per cent were traced until their death, or for a varying period after their admission to hospital—at least four and sometimes sixteen years.

The cases fall readily into the two groups which were first clearly differentiated by Plummer, and it is suggested that the names exophthalmic goiter and hyperthyroidism should be reserved for these two groups respectively.

True exophthalmic goiter (Graves' or Basedow's disease) is a well defined condition, in which the majority of the following signs are present within a short time of the onset of the illness—exophthalmos, enlarged thyroid, tremor, tachycardia (pulse rate over 100), increased metabolism, increased sweating and undue nervous excitability. Amenorrhea is generally present. More severe mental changes and bouts of pyrexia and diarrhea are characters of the disease, but are not so constantly present.

Hyperthyroidism is suggested as a convenient term for a less sharply defined group of cases, in which only two, or three, or perhaps four, of these signs are present. The middle aged woman, who has had a goiter or adenoma of the thyroid for many years without any symptoms, and later develops symptoms and signs of hyperthyroidism is the common example of this type. If Plummer's original group is widened to include these cases, it becomes of even greater clinical value, because there are certain broad resemblances between all these cases. It does not tend to develop into true exophthalmic goiter. It is as a rule less serious and the patient is more easily cured especially by surgical methods. It is less often fatal. It occurs generally in older women and often a goiter or an adenoma of the thyroid has been present for many years without giving rise to any symptoms.

True exophthalmic goiter has always been found to be much more common in the female than the male. In this series the proportion was 17 to 1. Cases were very rare before puberty; increasingly common from fourteen to twenty-four; still common from twenty-five to thirty-four; relatively uncommon from thirty-five to forty-four; and much