question of marriage was brought up during the course of treatment, but circumstances seemed entirely to preclude such a possibility. My belief is that the results of such a step would be of value.

From a brief correspondence with Dr. George Gellhorn about the case I received the logical suggestion that the use of styptics combined with ovarian extract might lead the menstrual afflux of blood once more to the uterus, and if opportunity offers I shall certainly advise such a method in lieu of the seeming impossibility of marriage.

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NOTES ON FAMILY GOITER

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The following instance of transmission of goiter through four generations is of interest, especially in this country, where the endemic causes of goiter do not seem to be present:

Patient.—Pauline M., 18 years old, was admitted to the surgical service of the Moses Taylor Hospital on account of an enlargement of the thyroid gland which had been present about four years. During the last three months she had had considerable dyspnea and discomfort from the tumor. The right lobe and isthmus of the gland were removed, and on microscopic examination proved to be of typical parenchymatous structure. The patient made an uninterrupted recovery. The following notes show the course of this disease through the family.

Fourth Generation.—The patient, Pauline M., as above noted. A brother, aged 19, has a symmetrical swelling of the thyroid gland which causes considerable dyspnea. A sister, 16 years old, has a marked enlargement of the left side of the thyroid which does not cause any symptoms. There are four other brothers and two sisters, all below the age of puberty, and none shows thyroid enlargements.

Third Generation.—The patient's mother has a large, pendulous, goiter involving principally the right side. She has considerable dyspnea and discomfort. Her voice is harsh, her speech sibilant, and she has slight exophthalmos. I verified the above cases by personal examination. The pulse rates in all were normal and there were no signs of hyperthyroidism. In this generation the patient had five uncles and five aunts. Two of the aunts had large goiters, none of the uncles had this trouble.

Second Generation.—The patient's maternal grandmother, who was born in Berlin and came to this country in 1860, had a large goiter. The generations mentioned above were all born in America. In this generation there were two great-aunts who had goiter and two great-uncles and two other great-aunts who did not have goiter.

First Generation.—The patient's maternal great-grandmother, who lived in Berlin all her life, also had a large goiter. There is no knowledge of other members of this generation.

The patient's father came to this country from Stuttgart in 1873. There has never been any goiter in his family to his knowledge.

SUMMARY

In the patient's generation there are one brother and one sister with goiter. The mother, grandmother and great-grandmother had goiter, and two aunts and two great-aunts had goiter.

It is interesting to note that as far as the knowledge of the family goes, the disease was entirely confined to the female members until the present generation, in which one boy is affected.

Therapeutics

COLDS

It is generally understood by a cold that an acute rhinitis (coryza), acute pharyngitis, and perhaps acute laryngitis, tracheitis and bronchitis, one or more of these conditions, is present. The causes of "catching cold" are: infection, impure air, dust, a local tendency, a general tendency.

Most colds are contagious, more or less directly, and are likely "to run" through families, offices, stores and schools, once having started.

Impure air breathed in crowded rooms or vehicles, or in stuffy, ill-ventilated sitting-rooms or bedrooms is a distinct cause of nasal and throat congestions.

Dust-laden air, whether in buildings, vehicles or on the streets is conducive to nasal and throat irritation sufficiently to cause colds, and it is obviously noticeable that when cities neglect to water their streets, as they often do in the late fall (before, in the northern cities, the snow lays the dust) and in early spring, that catarrhal affections of the upper air passages are enormously increased.

A local tendency to colds is caused by chronic hypertrophies and congestions of the nose and throat, sub-acute or chronic catarrhs of these regions, by any condition of the lungs or heart that would tend to cause congestions of these mucous membranes, and especially by such a condition of the nose or nasopharynx mucous membrane (hypertrophy and adenoids) as will cause mouth breathing more or less constantly. Such patients are more prone to acute infections of the throat and lungs than are those who breathe through their nostrils.

A general tendency to colds is produced by a hyper-susceptibility, or a diminished resistance power, to the ever-present germs and irritant dust particles in the atmosphere. Such a condition is brought about by any chronic debility or subnormal condition of the patient, be it anemia or a more serious condition. In many instances this general tendency to colds lasts a lifetime, and it may even occur in families, and any amount of hygienic care, good food and tonics may not prevent the frequent recurrences of colds. Such patients, if possible, should live in a climate that is not subject to radical changes in temperature and in a locality that is as dust-free as possible.

PROPHYLAXIS

To prevent colds such measures should be instituted as will prevent the above causes, and the order of their importance is really in the inverse order of the list of causes named. The general tendency to colds should be prevented by hygienic living, which means outdoor air and fresh, clean indoor air, and as fresh air while at work as can be acquired with the surroundings in which the person must be. Overheated rooms predispose to colds and are insanitary. An over-amount of clothing is inadvisable, but just what clothing is proper for each patient must be decided by good judgment and careful advice. Physical exercise or gymnastics should be advised for those who do not labor. Cold sponging in the morning of the face, neck and chest is advisable, and any treatment, massage, hydro-therapeutic or other, that will tend to make the general circulation of the skin better will prevent catching cold. Of course circulatory and digestive disturbances must be corrected, and the proper eating of the proper