which indicate the relation of Graves' disease to diabetes mellitus and glycosuria, and refers to cases met with in his practice which illustrate this relation from the clinical side. These are: 1. Graves' disease is occasionally followed by, or associated with, diabetes mellitus well marked or mild. 2. In Graves' disease frequently a temporary or intermittent slight glycosuria can be detected. 3. Mild diabetes is, in rare instances, followed by Graves' disease; such cases are extremely rare. In Graves' disease alimentary glycosuria is often produced much more readily than in health by the administration of a large quantity of sugar. 5. Both Graves' disease and diabetes mellitus occasionally develop directly after a sudden mental shock or after great mental anxiety of short or long duration. 6. Occasionally the family history shows that the two diseases have occurred in different members of the same family. Many other points of interest respecting the relation of the two diseases based on experimental work might be added. 7. In Graves' disease occasionally the patient suffers from nausea, sickness, and persistent vomiting and may be unable to take food and may very rapidly become wasted. In some of these cases there is a marked diacetic acid reaction in the urine, though the urine is free from sugar. The condition resembles the acetonemia of diabetic coma in many respects. The relationship of these conditions should be taken into consideration in the treatment. If glycosuria is frequent or permanent then a diet chiefly of carbohydrate food is unsuitable in such cases of Graves' disease. In definite diabetes, associated with or followed by Graves' disease, of course the diet suitable for the form of diabetes detected should be advised, as the diabetes is usually more serious than the Graves' disease. To this statement there is one exception, and that is in case of Graves' disease, complicated with persistent vomiting, with acetonuria, and with diacetic acid in the urine, if no glycosuria is detected sugar carbohydrates, such as tinned apricots, sweet fruit, etc., may be of much service for a short time, along with alkalis.

Sloan, H. G. RECURRENCE OF EXOPHTHALMIC GOITER AFTER THYROIDECTOMY. [Surg., Gyn., and Obst., August, 1919.]

The author calls attention to cases of recurrence of the symptoms of exophthalmic goiter after almost entire removal of the thyroid. He believes that in practically all of those that have recurrence there is an underlying factor of focal infection which has not been discovered or cleared up. In ten illustrative cases the author points out the benefit from eradication of the infected focus.

Nordentoft, S. X-RAY AND GOITER. [Ugesk. f. Laeger., 1919, 81, July 17.]

This author now reports upon one hundred patients with exophthalmic goiter treated by X-rays. Fifty of these had been previously re-