tunities for causing irreparable damage. Nevertheless, this operation is not only safe, in the hands of competent operators, but is usually productive of a maximum amount of good, and is, therefore, wholly justified. It must be borne in mind that the radical operation is frequently performed as the first step for the relief of an intracranial lesion. The recorded mortality, therefore, is no doubt due to the complication present and not to the procedure itself. I do not recall a single death occurring in my own practice which could not be attributed to an intracranial complication, in the treatment of which the mastoid operation was the initial step.

If a chronic otorrhea has its origin in the mastoid antrum or lower cells, it can only be relieved, as a rule, by a mastoid operation. Ossiculectomy and the various methods of treating or closing the Eustachian tube will at times bring about a cessation of otitic discharge, but this can only be anticipated when the tympanic cavity or the tube is the site of the disease, and not the mastoid process.

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X-ray in the Treatment of Graves' Disease. T. G. MOORHEAD,
Dublin Jour. of Med. Sci., November, 1914.

That exposure to x-rays produces fibrosis of the thyroid gland in Graves' disease has been proved by examination of portions removed by operation from cases which had previously been treated by x-rays, and Kocher has stated his belief that a short course of x-ray treatment diminishes the risk of operation by causing contraction of the vessels and so lessening hemorrhage. The author has employed x-ray treatment alone in nine cases of which six underwent a complete course consisting of a daily exposure for about six weeks. Of these, five cases were completely cured so far as symptoms were concerned. The gland in each of them remained somewhat enlarged but was felt to be firm and fibrous. In three of the cases the blood, which before treatment showed an excessive lymphocytosis, returned to normal.

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