cent. fatal cases of exophthalmic goiter among 1,300 given medical treatment alone, and 25 per cent. in the seventy-five cases at the Frederiks Hospital. In contrast to this is the zero mortality in Fischer's ninety-four and his own fifty cases given roentgen treatment. The full details of his fifty cases are tabulated. More or less benefit was realized in all and the improvement has persisted to date; only a few have been lost track of. [J. A. M. A.]

Fenger, F. SEASONAL VARIATION IN THE IODINE CONTENT OF THE THYROID GLAND. [Endocrinology, April-June, 1918.]

The author reports the results of analyses carried out from 1914 to 1917 on the desiccated thyroids of cattle, hogs, and sheep. This work confirms his previous investigations, showing that there is two to three times as much iodine present in the glands between the months of June and November as between December and May. These fluctuations seem to be due to temperature.

Rogoff, J. M. LIBERATION OF INTERNAL SECRETION OF THYROID INTO BLOOD. [Jl. Pharmacology, Oct., 1918.]

Is it possible, asks the author, to detect, in the blood coming from the thyroid, a substance, the physiological activity of which is identical with that obtained by the use of the gland? This is a preliminary set of experiments with blood of dogs. The tadpole reaction was employed. One dog, with thyroid rich in colloid and with a good iodine content, gave evidence of an active secretion collected from the glands during massage and during electrical stimulation of the cervical sympathetic. Two dogs whose thyroid glands were hyperplastic and contained no detectable iodine yielded results which the author interpreted as negative.

Fournier, J. C. M. A CASE OF ACHONDROPLASIA WITH FAMILIAL ANTECEDENTS OF HYPOTHYROIDISM. [Anales de la Facultad de Medicina, Jan.-Feb., 1918.]

Fournier reports a patient who showed from his earliest days a morphologic dystrophy so that, at the age of 15 years, his trunk had almost the development of an adult, while his limbs were those of an infant. There was a brachycephalic macrocephaly, a micromelia of the rhizomelic type. His hand was the trident hand described by Marie and he had a lumbar lordosis. The musculature was thickest and of an athletic type. The radiographic testimony confirmed all the other evidences of achondroplasia. The patient comes of healthy parents and his brothers are of normal height and health. There is no suspicion of syphilis, tuberculosis, alcoholism or the like. But in the father's family there are symptoms of thyroid deficiency and the patient's sister and two brothers manifest different degrees of thyroid deficiency, acquired at about 40