

esthesia of the skin of the lower part of the back of the left chest, always including the angle of the scapula, but often extending far beyond it. Study of these cases led to the conclusion that whatever causes pain below the left breast is also capable of causing left scapular pain, and the latter is therefore seen in myocardial and valvular diseases of the heart, arteriosclerosis, chronic nephritis and functional heart disorders. In twenty of the fifty cases there was a definite history of acute rheumatic fever, ten of which had valvular disease. In about half of the cases no abnormal physical signs could be found. The pain and hyperalgesia about the angle of the scapula associated with submammary pain arises from the heart and belongs to Head's class of referred visceral pain.

## 2. ENDOCRINOPATHIES.

**Bram, I.** NONSURGICAL TREATMENT OF EXOPHTHALMIC GOITER. [N. Y. Med. J., Nov. 30, 1918.]

As hyperthyroidism shows markedly excitable nervous states, Bram first advises rest. Opposed to hospital treatment, the author emphasizes the necessity of strict discipline and considers the presence of a nurse essential in most cases. Regularity of sleep, rest, exercise, feeding, proper attention to bathing, the quality and quantity of foods and beverages, the kind of recreation to be indulged in, must all be given careful attention, and the doctor's orders carried out to the letter. Bram states that, except in cases where malignant changes are evident in the thyroid gland or where there are dangerous pressure symptoms, surgery is distinctly contraindicated. Hyperthyroidism is not a surgical entity, but is a disease which belongs strictly to the realm of the internist, for the following reasons: (1) Recent researches prove that Graves' disease is not a local condition, nor has it a local etiology; (2) though surgeons report very favorable surgical recoveries, clinical recoveries are rare, and in a vast majority of cases there is a postoperative return, occasionally with even greater vehemence of all the signs and symptoms of hyperthyroidism; (3) the patient who has been operated upon, and who does recover clinically, gets well because of a carefully outlined system of postoperative nonsurgical treatment, or because the case in question is one of those instances of spontaneous recovery and would have terminated favorably in spite of treatment; (4) internists who specialize in thyroid gland therapy cure more than 75 per cent. of their cases of hyperthyroidism by dietetic, hygienic, medicinal, and electrotherapeutic measures. The author adds that he has been able to cure nearly every case of hyperthyroidism that came under his care, and that this was accomplished by nonsurgical and remedial measures.