

Even after allowing for the relative density of population it was much more common in the west of England than in the east—especially in Devon and Cornwall, in Wales and in Cumberland and Westmoreland. In general these counties are mountainous and sparsely populated with the old Celtic stock. Equally definite evidence for the distribution of ordinary endemic goiter could not be obtained but the facts rather support the belief that where endemic goiter is common exophthalmic goiter is rare. [Author's abstract.]

Bram. EXOPHTHALMIC GOITER AND DIGITALIS. [Med. Record, February, 1922.]

The author considers that digitalis may be of value in the passive stage of exophthalmic goiter when it is well tolerated and the patient readily responds to its action, but that in the active stage it is harmful and may aggravate the syndrome. Very occasionally and cautiously used in auricular fibrillation its intermittent administration may help to regulate cardiac action, but will not lessen frequency. In the passive stage it is best administered for three or four weeks and then withdrawn, to be administered again for a short course should the heart rate show signs of rising above normal, after which it will be possible in most instances to withdraw it permanently without fear of a fresh rise in frequency. Dosage should be small and results awaited rather than attempt to obtain a physiological effect quickly, and a standardized preparation should be used so that its effect can be carefully watched.

Loewy and Zondek. EXOPHTHALMIC GOITER. [Deut. med. Woch., November 17, 1921, Vol. XLVII, No. 46.]

In this clinical paper these observers discuss the commonly accepted view that in exophthalmic goiter iodine was contraindicated. Certain observers had shown that, contrariwise, small quantities of iodine are well borne. In their series of cases they were unable to show that potassium iodide in doses of a few milligrams would improve not only nutrition but also the general subjective condition of the patients. They showed, furthermore, that the improvement was accompanied by a reduction in the generally increased metabolism. Thus the decrease in the gas exchange in three different cases was 19.9, 28.8 and 29.5 per cent, respectively. Successful treatment depends, in a great measure, on a careful regulation of the dosage. At first 3 drops of a 5 per cent potassium iodide solution should be given. The weight of the patient should be carefully watched and the doses slowly increased as long as the weight continues to increase. The upper limit of tolerance varies individually, 20 drops three times a day being the maximal dose in some cases. When the weight begins to fall and the subjective wellbeing tends to grow worse, the dosage must be reduced or the use of iodine discontinued for a time. It may then be recommenced.