

bandage, and in order to prevent infection by vomited material the upper edge of the dressing should be sealed down by collodion. As to complications and sequelæ, severe bronchitis ensued in three cases of the series, wound hæmatoma occurred in four cases through using too small a drainage tube, and a persistent mucous fistula occurred in one case after enucleation of a cyst, due probably to a mild degree of sepsis.

**Klinger.** NEW IDEAS IN GOITER PROPHYLAXIS. [Correspondenz-Blatt für Schweizer Aerzte, April 26, 1919, Med. Rec.]

Klinger calls attention to inactivity along this line in recent years, a state of affairs much aggravated by the pandemic and the war. The attempts made in this direction have comprised the use of minute doses of iodine and the similar exhibition of quinine and silica. The Swiss temper has not invited a comprehensive plan of popular compulsory hygiene. In America something of the latter type has been tried out by Marine who gave two brief annual courses of sodium iodide to 1000 school girls with proper controls. It had been determined in advance that 56 per cent. of school children had some enlargement of the thyroid. The experiment was conducted in a locality in which goiter was endemic. The prophylactic experiment was supplemented by a similar plan of treatment of existing cases. The results, so far as treatment is concerned, showed that iodine has considerable power in the arrest and improvement of enlarged thyroid and that not a single case of Basedow syndrome was set up. Marine's work has shown that in all probability a similar simple wholesale campaign in a country like Switzerland would result in the prevention of much goiter. Fewer operations would be necessary and children's school attendance would not be interrupted. The problem is eminently one to be settled in school years. The teachers could be used to administer the syrup of sodium iodide (one is grotesquely reminded of the "brimstone and molasses" given to the pupils of "Dotheboys Hall"). The school physician would, of course, be the responsible agent for the treatment. A good system of records would have to be kept and this would entail some expense. Preparations to ward off all danger from careless administration would be necessary, for a few cases of iodism or hyperthyroidism might nullify the entire campaign.

**Lévi, L.** THYROENDOCRINE HYPERTHERMIA. [Presse Méd., April 7, 1919.]

Lévi asserts that this form of hyperthermia may occur in three types, viz., as a diffuse, continuous rise in temperature; as a localized rise in temperature, continuous or in "flushes"; as a false sensation of fever; or as a mild febricula, a fever running an intermittent course, or a prolonged fever with remissions. Vasomotor, congestive, and sensory disturbances, as well as changes in the sweat function and increased thirst, accompanying the hyperthermia. The latter occurs in nervous subjects,