

became more chronic, gradually involving both lobes and isthmus. Eighteen per cent. of the mildly toxic patients became exophthalmic after an average period of five years. This study indicates that both non-toxic and toxic goitre occur later in life in non-goitrous localities than in sections where the disease is more prevalent.

The following tables show the results after quinine and urea injections:

Effect of the Injection on Symptoms—

	Relieved.	Improved.	Not Imp.
Exophthalmic	85 (aver. 4 mos.)	15	0
Non-exophthalmic	84 (aver. 2 mos.)	10	6

Effect of the Injections on Goiter—

	Cured.	Reduced.	Not Imp.
Exophthalmic	80 (aver. 5 mos.)	15	5
Non-exophthalmic	75 (aver. 4 mos.)	12	13

Two patients suffering with severe toxic goitre with exophthalmos of several years' duration received only slight benefit; later a lobectomy was done without additional relief. Four exophthalmic patients were pregnant two to four months. Relief from hyperthyroidism followed the injection and they went to term without recurrence and had normal deliveries. The number of patients cured is highest in the group of those who came for treatment early in the disease; the benefit received by those who came later was in proportion to the degree of damage done the circulatory and nervous systems. A goitre that has once disappeared has never recurred. A majority of the patients in this group have been under observation for two to four years. The quinine and urea injection has limitations the same as any other treatment for goitre and can be employed only in selected cases. The treatment of the exophthalmic type in young adults is very difficult, and should be attempted only under the most favorable circumstances. If the best results are to be secured, hyperthyroidal patients must have at least a year of mental and physical rest after treatment.—*New York Med. Jour.*, 22nd September.

SUGAR IN MEDICINE.

The Sugar Commission of the New York Pharmaceutical Conference distributed this week about 40,000 pounds of sugar to the 2,400 pharmacists of Greater New York exclusively for medicinal and pharmaceutical purposes. Few physicians realize how important a part sugar plays in medicine until confronted with such figures. In the United States Pharmacopœia there are thirty-nine preparations, and in the National Formulary there are 179 preparations which contain sugar. The pharmacist has besides hundreds of unofficial preparations on its shelves in which sugar is a component. This 40,000 pounds, of course, enters only into preparations which are manufactured by the pharmacist himself.