

this risk thoroughly cleanses the uterine cavity once. This will correct chronic fever in sapræmic cases. The nourishment should be milk and beef juice, predigested, if necessary. Whiskey should be given freely when stimulants are required. Digitalis for the rapid pulse. The patient is kept in bed for ten days after all symptoms have disappeared.

\* \* \*

EXOPHTHALMIC GOITRE.—Dr. R. C. M. Page, of New York, in *New York Polyclinic* for 15th February, has an article on this disease. He states that it was first described by Flajani in 1802. It has been called Graves' disease, Basedow's disease, cardiothyroid exophthalmos. It is not endemic, like bronchocele or simple goitre. It is found world-wide. Heredity appears to have little or no bearing on the disease. Its onset is frequently traced to some violent emotion or fright. The disease, to be complete, should have the symptoms: palpitation, enlarged thyroid gland, and protrusion of the eye-balls. But any one or more of these symptoms may be absent. The middle cervical ganglia of the sympathetic is given as the seat of the disease. These ganglia send nerves to the bottom of the orbit, the thyroid gland, and the heart. The coronary arteries become dilated, and the heart receives more nourishment than usual, and there is palpitation and enlargement. This enlargement is due to the palpitation, and the extra blood supply. The palpitation is usually the first symptom. After some violent mental emotion or shock the heart-beat goes up from 70 to 120 or 150. At this stage the disease may be arrested, and no other symptoms appear. After a time, in most cases, the thyroid gland begins to enlarge. This may be evenly on both sides, or on one side. The vessels in the neck pulsate forcibly. This is due to their dilatation from vaso motor disturbance. The increase in size of the gland is due to the dilated vessels and infiltration of the gland tissue. Lastly, the eyes bulge forward. This may come on very suddenly, or gradually. It may occur in a few hours. This protrusion is due, in most cases, to increase of fat in the orbit and dilatation of the vessels. This dilatation may be so great as to prevent closure of the eyelids. There is a spasm of the levator muscle, and for this reason the upper eyelid does not follow the eye in looking downward. The symptoms of anæmia usually are present, as shown by pallor, hæmic murmur. The prognosis is now much more favorable than formerly. More cases recover than die. In the worst cases, death comes on after many years, from exhaustion, anæmia, malnutrition. Now, as to treatment. Ergot in any form the author has never found of any service. Electricity the author equally discards as a waste of time. Strophanthus is branded also as quite useless. It may be employed