treatment of aortic regurgitation. The tyro who discovers that a patient consulting him for some reason, has an aortic regurgitant bruit, and forthwith prescribes digitalis, need not be surprised if in a day or two his patient is seriously ill with the evidences of an embarrassed circulation. Even the patient who evinces aortic incompetency with lost ventricular compensation may after a few doses of digitalis find his condition considerably aggravated. On the other hand the agent which has proved so disastrous under the circumstances narrated may prove unquestionably beneficial in cases showing the same valvular lesion. Setting aside individual peculiarity as an incalculable factor when discussing therapeutic agents, it is desirable to arrive at some explanation of the seeming inconsistency in the action of digitalis in these cases.

In his recently published work on *Heart Disease* (p. 161), Sir William Broadbent remarks that when the preponderant character of the symptoms in aortic inadequacy is that of venous obstruction, and with aortic physical signs there are mitral symptoms, digitalis is frequently beneficial and justifies the statements of those who find this remedy of the same service in aortic as in mitral disease. "In the absence of mitral symptoms, it is rarely," he adds, "that digitalis is called for in aortic incompetence or is of service, and it may undoubtedly do harm." There is of course nothing novel in this conclusion, as the same distinction has been pointed out before, but it is satisfactory to chronicle the decision on a moot point, of one who has had much practical experience in cardiotherapy. Digitalis, in other words, to be of use in aortic incompetency, requires not only the evidences of lost ventricular compensation, but of compensation lost to such an extent that dilatation of the ventricle and its impotent contraction permits of mitral reflux. It is in the addition of the aspirative to the propulsive difficulty, that the factor indicating the employment of digitalis in aortic inadequacy consists. —*Treatment.*

THE TREATMENT OF EXOPHTHALMIC GOITRE.

One of the indirect consequences of the comparatively satisfactory explanation and altogether satisfactory treatment of myxœdema seems to have been to invest with additional investigative interest other disturbances in which the thyroid gland plays a part. The occasional success which has attended removal of that organ in Graves's disease appears to indicate that in many, if not all cases, disturbance of secretion in it lies at the bottom of the manifested clinical phenomena. Ablation, partial or complete, has, however, proved sufficiently often fatal to cause surgeons to enquire whether