it comes after some hours, but is due to absorption of the wound serum with some thyroid secretion in suspension. For this reason exophthalmic wounds are drained as freely as septic processes. As loss of blood increases absorption every precaution against hæmorrhage should be taken, and every effort to replace what may be unavoidably lost by saline solution. The same holds true for any operation on exophthalmic cases. For the relief of thyroidism and tachycardia, suprarenal extract has a marked effect, but seems to be somewhat difficult of permanent control. Atropine and morphine are often of great service. Regarding the cases coming for operation, if the pulse if from 130-160, or if it suddenly fluctuates in tension and rapidity, if there is anæmia, with swelling of the feet, the patients are placed upon the belladonna treatment for some days. The more severe types are given X-rays exposure in addition, which is continued from two to six weeks.

The total number of operations on the gland was 128 with 8 deaths, 40 were performed on exophthalmic cases with 6 deaths. The writer is to be congratulated on his series and the results obtained.

CHARLES A. L. REED, A.M., M.D. "The Surgical Cure of Certain Cases of So-Called Chronic Dyspepsia." *New York and Philadelphia Medical Journal*, November 26, 1904.

The following conclusions are given by the writer. The majority of cases of so-called chronic dyspepsia, gastralgia, nervous gastralgia, neuralgia of the stomach, cardialgia, and hyperchlorhydria, are, in fact, cases of ulcer, or the organic consequences of ulcer of the stomach or duodenum or both. Cases amenable to medical treatment should be cured in from five to six weeks, after which time they should be placed in the surgical category, while hæmorrhagic cases should be operated upon without the delay prescribed by medical writers. Surgical ulcer of the stomach, if neglected, may develop adhesions, perforations, hæmorrhages, or cancer, or, in the absence of these, may provoke sepsis and anæmia, which, if the underlying conditions are not corrected by operation, may, and frequently do, prove fatal. It is important, therefore, that the cases should be promptly brought to operation which, without reference to details, should establish rest and maintain drainage for the diseased organ. The comfortable after course of these cases, the low primary mortality and the permanent curative results following the operation comprise its complete justification. The operative procedure depends upon the condition found, but the majority of cases are cured by either pyloroplasty or gastroenterostomy, though it may be necessary in rare cases to excise the ulcer or, in still more extreme cases, the entire ulcer bearing area.