

mechanical dislodgement and disarrangement of the cells. In several cases, with especially severe symptoms, there were areas in which the epithelium was so enormously swollen as to practically obliterate the lumen of the alveolus. He recognizes three clinico-pathological groups: (1) severe cases in which the alveoli are normal in size, full of colloid and with elevation and folding of the epithelium; (2) with quite as intense symptoms, but large alveoli full of colloid and a most complicated folding of the epithelium; (3) milder cases in which the alveoli are large and full of colloid, but in which the alveolar epithelium is almost flat except in certain foci or in portions of the alveolar walls where it becomes cylindrical and thrown up into folds.

Further, there is increase in the lymphoid tissue in the thyroid gland itself as well as that of the pharynx, tonsils, tongue and the lymphatic and hæmolymph glands of the body generally, but more especially of the neck. The thymus too is enlarged and presents the same appearance as in the infant with the same process of phagocytosis. He could find no change in the parathyroids, sympathetic and central nervous system or in the hypophysis cerebri. He concludes by stating that while the theory of hypertrophy and functional overactivity of the thyroid is the only plausible explanation of the disease, yet it is the only example of spontaneous hypertrophy and overactivity of an organ which is detrimental to the rest of the body. Hence it has been suggested that some infection may be the primary cause, resulting in a non-suppurative thyroiditis after which the remainder becomes hypertrophied and its activities perverted.

L. F. Barker, under "The Diagnosis of Exophthalmic Goitre," discusses seriatim the clinical tetrad-struma, tachycardia, tremor and exophthalmos in addition to the various accessory ocular signs, psychic manifestations, etc. He emphasizes the ease with which the classical picture can be recognized in contrast to the "formes frustes" where some difficulty may be encountered. There is every stage in the "goiter heart," from the mild to the more severe form. The latter is of thyreotoxic origin in contrast to cardiac conditions of purely mechanical origin. He regards Wunderlich's "struma chloroticum" as a "thyreotoxic pseudochlorosis." Further, he states, "Hyperthyreosis" may have a very varied etiology—"toxic, infectious, reflex, obscure, metabolic, or still other in nature." In discussing the surgical treatment, he considers the only contraindications in uncomplicated cases are a feeble heart with very high pulse rate and marked mental excitation.

R. B. Preble, of Chicago, in his contribution on "The Medical Treatment," gives a very unbiased presentation of the various available thera-