

in a hospital population of all ages the affection was confined to children between two and sixteen years. No instance of contagion were observed. Its incidence was greatest in the spring, least in the autumn. It was not found to show any predilection for weakly children or for cases of oral sepsis. There is nothing characteristic in its prodromal symptoms. There are not two distinct varieties of Vincent's angina. The ulcerative is merely a later stage of the membranous form. Constitutional symptoms are slight or absent, but the local affection is more pronounced than in diphtheria. Association with other diseases is uncommon. The prognosis is favourable. Complications are infrequent and usually insignificant. Treatment consists in the local application of tincture of iodine or methylene-blue powder. Internal medication is usually unnecessary.

Dundas Grant.

THYROID.

Mumford, J. G.—*Graves' Disease.* "Boston Med. and Surg. Journ.," June 2, 1910.

The author's conclusions are: (1) Graves' disease is due to abnormal activity of the thyroid gland. (2) In advanced cases degenerative changes in the gland may lead to a shifting symptom-complex, ending at last in the positive signs of myxœdema. (3) The histology of the gland in Graves' disease indicates shifting, advancing, and retrograding symptoms. (4) An enlarged thymus is nearly always found *post-mortem* in patients dead of Graves' disease. (5) Advanced Graves' disease may exist without the presence of all the classical symptoms. (6) The disease can nearly always be cured if taken early. (7) The sera of Rogers and Beebe cure a goodly percentage of cases. (8) Through neutral hydrobromate of quinine, as used by Forchheimer and by Jackson, is found a large percentage of improvements and of cures. (9) More than 70 per cent. of patients are cured by partial thyroidectomy. (10) Treat the case early by rest, by sera and hydrobromate of quinine; if no improvement results in two months operate by thyroidectomy, and always regard the operation as the surest cure.

Macleod Yearsley.

EAR.

Randall, B. A. (Philadelphia).—*How far is Heredity a Cause of Aural Disease?* "Amer. Journ. of Med. Sci.," July, 1910.

The writer deprecates the tendency displayed by some authors to ascribe undue importance to hereditary influences in the causation of ear disease. Especially in regard to otosclerosis he considers it very doubtful whether heredity plays the important rôle so often assigned to it, and points out that the proof of genuine otosclerosis being, even in observed cases, far from positive, must in the unexamined relatives rest almost on pure assumption. He attributes some importance to a special susceptibility of the mucous membrane in some families to catarrhal troubles, and holds that some influence should be ascribed to peculiarities of structural configuration which are certainly inherited. He claims, therefore, that predisposition alone can fairly be claimed as a factor in the inheritance of ear disease, and the degree of this is not likely to be agreed upon by the authorities.

Thomas Guthrie.