be followed by symptoms of Basedow's disease than by the expected decrease in weight. Adults should never exceed a gradual increase of thyroid extract beyond 3 gr. daily, and children beyond ¾ gr., and at that, thyroid medication should never be long continued. In but one case did the writer resort to the administration of thyroid extract, and then purely for experimental purposes, and the loss of weight was if anything retarded rather than accelerated thereby. Magnus-Levy believes that the loss of weight following thyroid medication is frequently, in a great measure, due to the increased nervous excitability and greater exercise in otherwise phlegmatic individuals.

Ovarian tablets are occasionally useful adjuncts in the obesities accompanying or following an artificial or natural menopause, and the writer knows of one case where their administration apparently played a most successful part in a reduction cure. They can do no damage and can therefore be tried without fear if conditions warrant.

The administration of laxatives is frequently necessary, but attempt to prevent fat absorption by continued brisk purgation is most irrational, the protein absorption being just as apt to suffer.

A drug most often indicated, and which the writer invariably prescribes, more as a blood food than as a drug, is iron. As already emphasized, most of our obese patients are qualitatively underfed and need building up along the right lines. Many of them require cardiac stimulation, for a short or long period, and digitalis is most often of benefit in these instances. Combined with diuretin it is of value where there is a tendency to edema.

The writer often prescribes a pill of powdered digitalis leaves gr. ss, reduced iron gr. 1, extract rhubarb gr. 1, or some such combination.

In conclusion, it should be emphasized that inasmuch as obesity is the exaggeration of physiological processes, its treatment must rest upon a purely physiological basis. If safety is considered, there is no short cut to the desired end. Prolonged treatment is both safe and sure, and if these facts are borne in mind by all, and put into practice by those called upon to reduce the great heavy-weights, the writer is certain that the beauty of the latter will not only be enhanced, but their muscles made firmer, their existence more comfortable, and their lives lengthened.

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Discussion.

Dr. A. W. Perry: I have devoted a great deal of attention to obesity. I have always found that where I could reduce the water in the system I could reduce the obesity and the complaints associated with it. I believe that the proximate cause of obesity is dilatation of the lymph spaces, the elastic fibres becoming weakened, due to the large accumulation of lymph. A more remote cause is the inherited or acquired inability of the renal cells to excrete salt sufficiently. Where the normal amount of chloride of sodium is taken into the body per day, that is 12-15 grams which is sufficient for all needs of the body, if 20 grams are taken and 15 grams is excreted every day, 5 grams of salt is accumulated and this requires a kilogram of water retained in the body to dilute the serum to what is agreeable to the body. In regard to the reduction of weight by the restriction of drink, I always take the blood pressure of the patient in an attempt to reduce the weight and where the blood pressure is high I can always reduce by the restriction of water, but I have seldom been able to do anything with the people whose blood pressure is low. Where obesity is associated with bronchitis or heart disease I think the obesity offers very important therapeutic indications. I have had a number of cases of bronchitis and asthma, lasting over periods of from 10 to 15 years, in which these conditions have been relieved by reducing the weight, and always by restriction of water. It is not advisable to reduce the food beyond 2500 calories per day, it is better to give too little than too much liquid.

Dr. René Bine: I was familiar with Dr. Perry's views on the subject as it is but a comparatively few years since he presented them to this Society. But I am convinced that there are no proofs for his contentions. We are all familiar with the results of Widal, Javal and Strauss, who by means of salt-free diets and restriction of fluids, brought about great reductions of weight in cases of cardio-renal disease, the loss being due to the getting rid of edemas and of what Widal styles pre-edemas. But in obesity no restriction of fluids, per se, is capable of causing either a permanent loss of weight, or of causing even a marked loss, however temporary it might be.

Demonstration of Case.

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Case 2. Adenitis; syphilis and tuberculosis. L. G., age 17, waiter. Had measles and diphtheria during childhood. He contracted "Dhobee Itch" in the islands, two years ago, and on his return was no sooner cured than, while he had a severe cold, the glands on the left side of his neck began to swell, this in July, 1910. Since then the glands have become smaller, but enlarge with every fresh cold. Examination revealed a general enlargement of the glands; the left cervical were exceedingly large, fairly hard, not adhering to the underlying tissues or to the skin, and ovoid and painless. One bunch seemed matted together. The epitrochlears were quite distinctly enlarged, as were the axillary, inguinal and the other chains in the right and left cervical regions. The spleen was easily palpable fully two inches below the left costal margin on ordinary inspiration. The tonsils were definitely diseased. Other than this there were practically no other abnormal physical signs. The diagnosis had naturally to be made by elimination, for lues, tuberculosis and Hodgkin's disease had to be borne in mind as possibilities. The blood examinations revealed a normal red, white and differential count. Wassermann and Noguchi reactions were * * * (Dr. L. S. Schmitt). Calmette and Moro tests were positive, the Pirquet was negative. This was all very interesting, for the presence of positive Wassermann and Noguchi reactions have been reported in Hodgkin's disease, where lues could practically be ruled out. On the other hand, the glands in the left cervical region impressed us as possibly independent of the general condition, most probably tubercular, with the tonsils as portal of entry for this infection. Under local anesthesia, a gland was removed from the neck, and section made. No changes as seen in Hodgkin's disease were found, whereas a few tiny grayish foci could be distinguished macroscopically, and while no tubercles were seen microscopically, foci of epitheloid cells suspicious of tuberculosis were found. Some of the gland material was triturated in normal salt solution and the resulting fluid injected subcutaneously into left thigh of a guinea pig. One month later large gland found in left inguinal region, smears from which showed tubercle bacilli. The diagnosis is thus made;—the boy has tuberculosis of the left cervical glands, and also syphilis. He has been given an injection of salvarsan, is continuing with mercurial inunctions and iodides, and we now intend to treat his tubercular glands with tuberculin, though should any signs of extension of this process, or caseation occur, we shall not hesitate to advise radical surgical treatment.