

Fifteen years ago I attended a lady for severe Graves' disease with glycosuria, and this year I had her younger sister under my care for the same combination. Many such instances are recorded. One of my correspondents has been so much impressed by this fact that he says when he has attended one member of a family for Graves' disease he expects sooner or later to be called in to see another with the same trouble. There is also some evidence of what may be called a "Thyroid Constitution." That is, some member of a family may suffer from Active, some from Passive, Goitre. For instance, there is reported the case of one family in which two sisters and a brother were attacked by passive goitre, and one sister developed the active form. I attended a patient some years ago who had a severe attack of the active form; a few years afterwards a younger sister developed a similar attack, and at the same time a brother showed signs of Thyroid inadequacy in the bleaching of parts of the hair, falling out of hair, leucoderma, etc.

**Exciting Causes.**—In many cases no exciting causes can be traced, but in the great majority there is some history of sudden acute shock or of long continued passive strain. I may cite the case of a patient whom I attended, a woman of middle age, not neurotic or in ill-health; she was living alone in a large house, and in the middle of the night she was roused out of her sleep by the fall of a skylight window down a well staircase to the bottom floor; a few days afterwards when I saw her she had marked tachycardia, and later she developed goitre and exophthalmos. A good many cases are cited by my correspondents, showing that grief, injury, worry, fright and sudden emotions may induce the disease.

**Pregnancy.**—Lawful and unlawful is a very frequent antecedent, and in some cases has evidently a causal connection with the attack.

**Endemic Influences.**—I have already expressed the opinion that the active form of goitre differs from the passive in not being endemic, but the very remarkable group of cases noted by Dr. Fleming while he was practising in Balclutha seems to show that occasionally there may be some local conditions, at present of a nature unknown to us, which may predispose to or excite the disease.

**Race.**—Dr. Buck says that active goitre is practically unknown among the Maoris. Dr. Wilson, of Palmerston North, however, has informed me that he has seen at least one case. Among the European elements in New Zealand I do not know of any evidence that any one race suffers more than another.

**Toxæmia.**—There is some evidence that Graves' disease may follow septic absorption from caried teeth, etc. This is a point worthy of further consideration.

With Tuberculosis and other Diseases.—The cases cited by Dr. Wohlman and Dr. Fleming show that Phthisis and Graves' disease may co-exist. Considering the frequency of phthisis in the whole population this is only what might be expected, but Dr. Leonard Williams has pointed out that although generally the Thyroid secretion is antitoxic, patient with any tubercular trouble bear Thyroid extract very badly. It seems to aggravate their condition. It would be interesting to know if Graves' disease in any way predisposes to Tubercular disease. My own experience is negative on the point.

Dr. Stevens, of Kurow, suggests an analog between Diabetes Mellitus and Graves' disease. Glycosuria is of course common enough, but is usually only temporary. It may be noted that in the New Zealand Statistics, Otago, which has the highest proportion of deaths from active goitre of any of the provinces, has also the highest death-rate for Diabetes Mellitus.