Deaths from Exophthalmic Goitre in 1908.—Males, 2, all over five years of age; females, 19, all over five years of age. Auckland 2, Wellington 3, Canterbury 6, Otago 9, Westland 1.

Cases treated in Hospitals in 1908.—Akaroa, 2; Auckland, 5, 1 death; Christchurch, 2; Dunedin, 8; Gisborne, 1; Hawera, 1; Riverton, 1; Ross, 2, 1 death; Timaru, 3; Waipawa, 1; Wanganui, 2; Wellington, 12, 1 death.

These are summed up as 43 cases with three deaths, which is probably an error of enumeration. It would be unsafe to make any deductions from such meagre statistics, but it may be noted that out of the 21 deaths recorded, 16 occurred in the South Island and 9 in Otago, or nearly 50 per cent. of the whole. Considering the great frequency of the disease, the mortality is not high, and this agrees with the general impression which I find exists in the minds of most men with whom I have discussed the subject.

I think there can be little doubt that the proximate cause of the symptoms of Graves' disease is to be found in the excessive activity of the Thyroid gland, and that there is equally little doubt that the ultimate cause is to be looked for in the higher cerebral centres. The disease is a neurosis, not a mere mechanical accident due to a local condition. The replies which I have received to my enquiries as to Etiology on the whole support this view. I will now deal briefly with that evidence.

Heredity.—While there are instances recorded of direct heredity, that is of active goitre in mother and daughters, this is exceptional. Generally the heredity shows itself in the presence of nervous instability in other members of the family, such as insanity, epilepsy, hysteria and alcoholism. A remarkable fact is the frequency with which the disease shows itself in several members of the same family. Mimicry and infection are ruled out because the attacks often come on in sisters at very wide intervals of time and who are living under different conditions.