CORRESPONDENCE

Dr. Harvey Cushing's Oration on the Hypophysis Cerebri

To the Editor:—Those who expressed surprise when, over six years ago ("Internal Secretions," 1st Ed., 1903), I asserted that the anterior lobe of the pituitary played a leading role in the vital process per se, must now acknowledge the far-reaching meaning of Dr. Cushing's statement, in the Oration on Surgery, published in The Journal, July 24, that "more than one hundred total or partial hypophysectomies" had shown that "the anterior lobe of the hypophysis is a structure of such importance that a condition of apituitarism is incompatible with the long continuance of life." While fully acknowledging the great value of Dr. Cushing's experiments, however, I must take exception to his conclusion that they sustain the theory that it is by means of a secretion capable of influencing the organism at large that the anterior pituitary carries on these all-important functions.

That extracts of the posterior lobe raise the blood pressure, slow the heart and promote diuresis, is certain, but I maintain that these effects are not produced by a true secretion, but by a mere component of the organ similar to that which, in extracts of the kidney, testis, ovary, etc., produces identical effects. As I have shown recently (Monthly Cyclopedic, June and July, 1903), these effects are those of adrenal extracts, and have long misled observers into believing that various organs produced internal secretions (See "True versus Pseudo-therapy," in a forthcoming number of the New York Medical Journal). Additional, but as yet unpublished, researches have suggested, moreover, that this was due to the presence in the pituitary, as well as in all the above-mentioned organs, of cellular elements, the so-called "adenal rests" (not aberrant cells from my viewpoint, but activators of local metabolism), which are well known to give rise, especially in the kidney, to hypernephroma. Dr. Cushing, in fact, compares the action of the so-called pituitary secretion to that of adrenaline.

Again, although Herrig's view that the colloid fluid (laden with broken-down cells, let me add) passes upward is quite warranted, this does not prove in the least that it is a true secretion. Indeed, Dr. Cushing's own text suggests the contrary. Since the blood pressure raising substance is "confined, as Howell has proved, to the posterior lobe," why is it that, as Dr. Cushing says, "after this portion of the gland has been removed, there is no apparent disturbance with the physiologic balance of the body?" Everyone knows that removal of the adrenals or of the thyroid, which produce true secretions, causes marked and even fatal disturbances. Again, the anterior pituitary is regarded by Dr. Cushing as the original source of certain substances; why is it that its extracts are inert? Can we consistently, with him, ascribe acromegaly, overgrowth, etc., to "hypersecretion," and dystrophy adiposogenitalis, Derenm's adipsis dolorosa, etc., to "hyposecretion" of this inert substance? These are but few of the many directions in which the secretion theory blocks all progress.

 Permit me to state that such is not the case when the functions I have ascribed to the pituitary, after a far more searching study than has ever been given it by physiologists, are taken into account. The anterior lobe (including its nerve cells) from this viewpoint is connected with the floor of the third ventricle (Ramón y Cajal, Gentil's) and the possum pituitary (Sajous) by nerves supplied by the hypothalamus, both anatomically and clinically, to the adrenals and thyroid, while the secretions of these organs, as I have shown by many incontrovertible facts, are active factors in oxidation, metabolism and nutrition. Under these conditions it is plain that any morbid activity of the anterior pituitary, whether caused by hyperpyrexia, hyperpyrexia, tumor, etc., will affect especially of fluid. Consider adrenals and thyroid, cause excessive nutrition, overgrowth, and even gigantism. Have we not the gigantism of childhood in adrenal hypernephroma and rapid growth in the cretin under thyroid extract? Conversely, destructive or debilitating disorders of the anterior pituitary, by lowering the activity of the adrenals and thyroid, must necessarily entail small stature with depo-

 High Enemas—Can a Tube Be Passed Into the Colon?

To the Editor:—In connection with Dr. Horace W. Soper's paper on page 426, and your editorial on page 464 of The Journal, August 7, I wish to express my appreciation of Dr. Soper's ingenuity and industry displayed in the scanning of foreign literature. From page 48 of the third edition of Jacob's "Therapeutics of Infancy and Childhood," I beg to quote as follows: "The great normal length of the sigmoid flexure in the infant and child, which results in its being bent on itself, prevents the introduction of an instrument to a considerable height. It will often be traced physiologically. It may read: "The condition of the sigmoid flexure renders the introduction of the instrument beyond the very beginning of the sigmoid flexure, a perfect illusion in many cases. It often happens that an elastic or flexible tube, when introduced to or beyond the third spincter, bends on itself and reappears at the anus. To facilitate the entrance of the liquid and into and beyond the sigmoid flexure, the irrigation should be done slowly and gently, while the pelvis of the infant is raised. The nozzle must be smooth and not thin." Similar statements are found in Jacob's "Intestinal Diseases of Infancy and Childhood," 1887. The abnormal length and flexures of the sigmoid colon which lead to what Jacobi has called "Congenital Constipation," were first described by him in 1860.

In an article on "Congenital Constipation," which appeared in the Transactions of the American Pediatric Society, vol. vi. page 41 (1894) I wrote as follows: "The article by Jacobi, "Some Important Causes of Constipation in Infants" is classical, and though it appeared in 1869 (Am. Jour. Obstet., vol. ii.), it has been a careful study as yet submitted to the student. During the twenty-five years of my college assistantship, Dr. Jacobi has annually referred to the difficulty or impossibility of passing elastic or solid tubes through the sigmoid flexure. When felt below the liver, the instrument is not in the transverse colon, but in the sigmoid, which has simply been raised to an abnormal position.

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To the Editor:—Having observed in The Journal of Aug. 7, 1900, the article by Horace W. Soper, M.D., of St. Louis, I wish to call attention to the enclosed extracts from a paper read by me before the American Proctologic Society in June, 1904, entitled, "The Present Status of the Flexible Rectal Tube,