Sterling, W. "DEGENERATIO GENITO-SCLERODERMICA" AS PLURIGLANDULAR INSUFFICIENCY. [*Deutsche Ztschr. f. Nervenhe.*, Vol. LXI, p. 192.]

The author proposes a paradigm for a separate dysendocrine symptom group and describes three cases as examples. They are cases of young women who were previously healthy and whose menstruation periods suddenly ceased. Simultaneously with the cessation of menstruation, which, the author states, may set in without any discoverable cause, or after a psychic shock or an infectious disease, a symptom complex develops resembling the so-called late eunuchoidism combined with cachexia, emaciation, inanition and, frequently, diarrhea. The expression of the face changes perceptibly and becomes aged, in marked contrast to the expression in ordinary eunuchoidism, where the expression of youth, even in aged persons, is a characteristic symptom. Parallel with these phenomena the cutaneous symptoms set in, at first being localized and superficial, but later becoming general, involving not only the entire surface of the body, but, in some instances, extending to the deep-lying parts and even to the bones. Reviewing the voluminous literature on gynecology, sclerodermy, neurology and inner secretions, the author was able to find isolated cases which could be grouped with this disease picture. He describes 25 combinations of scleroderma with inner secretory diseases, stating that these concurrences seem to be more than coincidences. It has been shown that scleroderma is connected with a hypertony of the sympathetic system. The inner secretory glands are also dependent on the regulatory and nutritive influences of this system. If any one of the inner secretory glands fails to functionate the hormone balance may be restored by a hyperfunctionating of another gland. The sympathetic system may be affected by the disharmony so that equilibrium is not restored, and when the compensatory activity fails the symptoms of pluriglandular insufficiency make their appearance, one form of which constitutes the disease picture described by the author to which he has given the name "degeneratio genito-sclerodermica." [J.]

Frazier, C. H. CHOICE OF METHOD IN OPERATIONS ON THE PITUITARY BODY. [*Surgery, Gynecol., and Obstetrics*, XXIX, July, p. 9 (12 Figs.).]

The methods of surgical approach to the pituitary body have by time and experience been narrowed down to two: the submucous septal (endonasal) and Frazier's fronto-orbital (cranial) operation, recently modified by him. By the endonasal method the possibility of meningitis has to be reckoned with, for even in healthy subjects the sphenoidal sinuses may contain contaminating organisms. In the fronto-orbital operation approach to the sella may be made without invading a contaminating field, provided we avoid the frontal sinus. The endonasal method gives a cramped field of operation, and depends on artificial light. When, as

often happens, there is extra-sellar extension of the disease, the fronto-orbital gives a much better view of the field of operation. In the management of cysts, which occur in about 10 per cent of cases of pituitary adenomata, the fronto-orbital method has this great advantage, that it enables the operator to expose the cyst by the direct supra-sellar approach and then to remove a portion of the wall in order to prevent filling up of the cyst which occurs when mere puncture is used. Another restriction to the endonasal method is in the case of the undeveloped sinuses in children. Ultimately the choice of operation will depend on the end—results of operation. But Frazier believes the fronto-orbital method—which he describes once more—will be found to have a wider field of application than the endonasal. He seems to have overcome the cosmetic objection to the mid-forehead incision of his operation by means of closure of the wound by epidermal suture. [Leonard J. Kidd, London, England.]

Sajous, Chas. FLUCTUATIONS OF THYROSUPRARENAL ACTIVITY IN GENERAL DISEASE. [New York Medical Journal, February 14, 1920.]

In the course of his paper the author reviews several features of endocrinology which bear directly upon nervous and mental diseases. Recalling that in 1903 he had pointed out that the secretion of the adrenals contributed to the blood the previously unknown constituent of the hemoglobin molecule which enabled it to become converted into oxyhemoglobin, he refers to the physiological studies of Menten and Crile as confirming this view. The author had also traced the oxidizing substance thus formed by the adrenal secretion in the lungs, and which he terms "adrenoxidase," in all tissues including the entire nervous system, the axis cylinder acting as centrifugal channel (as it does for tetanotoxin, for example) for this oxidizing agent. The presence of adrenalin in the axis cylinder of nerves had been confirmed by Lichwitz and, in so far as sympathetic nerves were concerned, by Macallum. Tashiro had recently confirmed, moreover, the author's older contention that nerve fibers and the ganglia particularly were the seat of as active metabolism as any tissue in the body. Sajous also recalls that his view that strychnin produced its effects by exciting the adrenals—a fact which accounts for its vigorous action on the nervous system, through the increased adrenoxidase—had recently been confirmed by Stewart and Rogoff. He then shows that many obscure disorders, the senile "pneumonia" which carries off most aged subjects, for instance, are the result of adrenal failure, wax injection of their adrenal vascular network showing plainly when compared with similarly treated adrenals, that the vascular supply of the adrenals steadily declines as age advances.

The author attaches considerable importance to the thyroid gland in various nervous disorders, and illustrates his contention by the prominence of such disorders in Graves's disease, long considered, in fact, as a