Alamartine, H. SURGICAL ANATOMY OF NERVES OF THE THYROID. [Rev. de Chirurgie, 1920, 39, No. 5.]

Alamartine's research on man, horses and dogs demonstrated that the great nerve center for the thyroid is the superior cervical ganglion, and there are innumerable anastomoses between the vagus and sympathetic systems, especially in the laryngosympathetic plexus and the sympathetic-recurrent plexus. The nerves form two pedicles above and below and do not parallel the vessel pedicles, but they join the vessels close to the thyroid, and it is here that they should be severed, to reduce the functioning of the gland. Ligation of the vessels should include the severing of the nerve pedicles, especially of the superior pedicle. The results of this angioneurectomy of the superior pedicle in exophthalmic goiter have been exceptionally fine and constant. According to our present knowledge, the sympathetic fibers are vasoconstrictors, the laryngeal fibers vasodilators predominating in the superior pedicle. Sympathectomy therefore does not seem logical when aiming to reduce overactivity of the thyroid, but with exophthalmic goiter it proves effectual by suppressing reflex action from centripetal fibers rather than by any direct action on the gland. [J. A. M. A.]

Webb, G. B. SUPRARENALS AND EXPERIMENTAL TUBERCULOSIS. [Am. Rev. Tuberculosis, October, 1920.]

Webb here reports upon the relationships, if any, of the interactionism of tuberculosis and adrenal function. Removal of one suprarenal gland apparently did not make any difference in resistance to tuberculosis, though the primary palpable enlargement of inguinal nodes appeared a trifle sooner on the average in the operated pigs than in the controls. There was the usual compensatory hyperplasia of the remaining suprarenal gland. This suggests a demand for increased suprarenal function in tuberculosis.

Soubiron, E. A CASE OF INFANTILE MYXEDEMA. [Gaz. Hebdomadaire de Médecine de Bordeaux, 1920, September 26, p. 462.]

In 1914 an infant of eighteen months, previously regarded as a rachitic adenoid subject, was found to be myxedematous. Mother goitrous, maternal grandmother goitrous, with five goitrous children. At eighteen months the patient weighed 7 kilograms (as at birth). Head large, anterior fontanelle persistent, hair scanty, skin eczematous, tongue enormous, irregular Hutchinsonian teeth, short thick neck, subclavicular fat, one testis undescended, body small in proportion to head, expression of hebetude, short thick limbs, patient cannot walk, has umbilical hernia, and diarrhea often. He was treated by extract of sheep's thyroid, 1 grm. daily for five days, then five days without it, etc. During the first five days there was vomiting, diarrhea, and refusal of food. Soon, how-