carbohydrate tolerance showed that this was impaired, while artificial diabetes could be readily provoked by injecting adrenalin and thyroïdin. There seems therefore to be an undoubted connection between feminine hypertrichosis and glycosuria, while obesity may also be associated. The rationale of these cases is not entirely apparent, but in virilism we should certainly suspect the adrenals.

Curschmann, H. SCLERODERMIC DYSTROPHY. [Med. Klinik., Oct. 9, 1921, XVII, No. 41.]

Pluriglandular disturbances were manifest in these six cases of scleroderma in men and women of all ages. Curschmann states that there is much evidence to sustain the assumption that the skin itself has endocrine functions. The sclerodermic dystrophies are particularly instructive from this point of view. They and the predominantly neuromuscular forms of dystrophy, and the primary vasomotor neuroses should be investigated from this viewpoint.

Gutmann, R. A., and Dalsace, T. UNILATERAL MELANODERMA. [Bull. d. l. Societe Med. des Hop., July, 1921, XLV, No. 24.]

This patient had pronounced pigmentation of the abdomen and chest distributed in a manner similar to the anatomical localizations of the sympathetic system as evidenced by a simultaneous involvement of the sympathetics of the vessel and sweat mechanisms.

Freund, E. PHYSIOLOGY OF SWEAT SECRETION. [Wien. kl. Woch., November 11, 1920.]

Freund has made certain observations in investigations on epinephrin iontophoresis. On the back of his hand, he produced by means of an epinephrin solution (1 : 50,000) from the anode an anemic area corresponding to the field of the electrode. The current was 3 milliamperes, applied for five minutes. The skin area corresponding to the field of the electrode was ivory white and dry, and occasionally goose flesh appeared after the electrode was removed. This hand was then put in a hot-air chamber, in order to observe the behavior of the anemic skin area under the influence of heat. When the heat had been applied for several minutes, the anemic area became covered with heavy drops of sweat, whereas the rest of the hand, although intensely reddened by the heat, had scarcely become moist. The intense secretion of sweat was sharply confined to the anemic area although at times there were contradictory results.

Weidman, F. D. NECROPSY FINDINGS IN CASE OF CONGENITAL SCLERODERMA AND SCLERODACTYLIA. [Archives of Derm. and Syph., Chicago, April, 1920.]

The author makes a diagnosis in this case depending partly on the clinical features, but more on the microscopic findings. The disease

which occurred immediately after birth, was associated with a fatal hemorrhagic diarrhea. The skin induration in this 15-day-old child, probably syphilitic, suggested scleroderma neonatorum. It was, however, symmetrical and periarticular, and the induration was found to be purely subcutaneous.

Henrichs, J. HEREDITARY MENTAL AND SKIN ANOMALIES. [Norsk Magazin for Laegevidenskaben, October, 1920.]

The author tabulates the genealogic trees of a number of families in which an inherited taint is displayed in idiocy and ichthyosis in each generation. The records show from eight to sixteen members in each family thus affected in the course of four or five generations. In discussing the mechanism of this hereditary taint, he is inclined to incriminate the endocrine system and the thyroid in particular.

Ramirez, M. A. PROTEIN SENSITIZATION IN ECZEMA. [Arch. Derm. and Syph., September, 1920.]

The author has tested a large number of individuals with eczema for their reaction to foreign proteins. Of thirty out of seventy, eight gave positive skin tests. He says that like asthma, eczema which shows anaphylaxes occurs more frequently in young people. Eczema which is associated with hay-fever or asthma he believes is anaphylactic. According to his studies only a small percentage of eczemas are anaphylactic. Nevertheless it is essential that patients be tested thoroughly.

Alderson, R. SEVERE ANGIONEUROTIC EDEMA. [British Med. Journ., June 19, 1920.]

The author reports a case of a boy, aged three years and ten months, who complained of pain in the left leg, which the mother noticed had become swollen. When he saw him on the following day the limb was edematous and painful from the toes to the lower third of the thigh. The boy was fretful and the temperature was 101° F. Two days later the child was quite sick—temperature 101.5° F.—and, in addition to the lower limb, the left forearm and hand were edematous and also the lower part of the back. Next day the swelling had completely disappeared from the limbs, but the right side of the scalp was intensely edematous, extending to the eyelids, which were completely closed. On attempting to open the lids a blood-stained fluid spurted out with some force; the conjunctiva was purplish in color. Next day the whole scalp was involved, and both eyes were closed and oozing sanious fluid; the swelling in the left forearm and hand had returned. During the following night there was a copious evacuation of bright blood from the rectum—about half a pint. Recovery now rapidly ensued; in two days the swelling had entirely disappeared, and the child appeared quite well. The temperature throughout remained at 101° to 101.5° F.; the urine was scanty and loaded with urates; the tongue was dry and the condition