

clinical observations were made on a group of sixty-five soldiers representing what may be termed the "constitutionally inferior" type of patient with "irritable heart," a type very commonly seen in camps at the present time. They have given a history of being very easily exhausted, used to only light work, etc., and are easily fatigued by physical and mental exertion. Many of them are so-called neurasthenics, who can get along in civil life by favoring themselves, but break down under the strain of military service and report symptoms like those of organic heart disease. Physical examination shows little besides instability of rate, and they usually get the diagnosis of functional cardiac disease. The epinephrin test was found positive in thirty-nine, doubtful or suggestive in six, and negative in nineteen. This proportion of positives (60 per cent.) is interesting. Hypersensitiveness to epinephrin suggests that the sympathetic nervous system may play a part in causing the condition. The effects of epinephrin on basal metabolism and blood sugar determinations were also tested, both showing a rise in the positive cases. Electrocardiograms were also taken in twelve cases, before the reaction, at its height, and after it was finished, and the most constant change found was a slight decrease of the height of the T-wave. This always occurred in one lead, usually in two leads, and sometimes in all three leads. In individual cases other abnormalities were seen, as increase of a sinus arrhythmia; inversion of the P-wave; prolongation of the P-R interval, and partial heart block; inversion of the T-wave, and the production of ventricular extrasystoles.

**Atwell, W. J.** DEVELOPMENT OF THE HYPOPHYSIS CEREBRI. [Amer. Jour. Anat., Sept., 1918, 24, No. 23.]

The pars tuberalis develops out of the thickened epithelium lying just nasal to the early formed Rathke's pouch, appearing before the pars intermedia. From the epithelium very soon appear the lateral lobes as two ridge-like eminences. The pars tuberalis forms a thin layer lying in the pia mater of the diencephalic floor. Histologically it is distinct from both other parts of the hypophysis. [J.]

**Atwell, W. J.** THE DEVELOPMENT OF THE HYPOPHYSIS OF THE ANURA. [Anat. Rec., Sept., 1918, 15, No. 2.]

In the Anura the hypophysis is made up of a neural lobe and three epithelial lobes. Of the latter the pars tuberalis, found in the Amniota and in certain amphibia, at some time during development, is paired in origin, has a laminar structure and in the adult is located in the pia mater covering the tuber cinereum of the brain floor. [J.]

**Houssay, B. A.** THE PITUITARY BODY AND POLYURIA. [Endocrinology, Apr.-June, 1918.]

Summarizing his observations published in 1915, Houssay says that there occur in pituitary extracts both rencontractor and renodilator sub-

stances, one or the other predominating according to the circumstances, with the diuretic effects running parallel with the renovascular effects. From the pharmacological action of pituitary extract it is concluded that it is not permissible to deduce an insufficiency of the pituitary body from the successful use of the extracts in polyuria. Houssay does not agree with Cushing's claim that the cerebrospinal fluid has the same effects as pituitary extracts, as he demonstrated that the cerebrospinal fluid has not the diuretic nor the galactagogue actions which are the most specific tests of pituitary material; so that he does not believe that the active components of pituitary extracts pass to the cerebrospinal fluid. Operations for the removal of the pituitary gland produced oliguria in adult dogs and polyuria in puppies. These effects are due to trauma, and the intervention of the pituitary in the polyuria can be excluded, as the same results have been obtained when the whole gland was removed. In conclusion, the author adds that the cerebral basal zone can generate polyuria, and that it is not probable that the pituitary is a part of this zone, though the posterior lobe of the gland may be involved. He can not accept the theory that polyuria is due to a diuretic hypersecretion of the pituitary gland.

**Bergé, Andre, and Schulmann, Ernest.** THE RHYTHM OF PITUITARY POLYURIA. [*Presse Médicale*, 1819, XXVI, p. 618.]

The writers describe the state of urinary elimination in a woman suffering from polyuria, in whom necropsy revealed a gummatous lesion of the pituitary body. They conclude that pituitary polyuria is an anatomico-pathologically proved fact; that the quantity of urine eliminated in this disease is variable; that the polyuria is more marked by night than by day; that the relation between the amount of liquids ingested and that of the voided urine is disturbed, urinary excretion being at certain times greater than fluid absorption, with a considerable resulting dyshydration; that the urinary excretion is not notably modified by variations of diet; that there is no important disturbance of urinary chemistry, there being usually only a slowing of exchanges and tendency to demineralization; that the quantity of uric acid is slight; that there are no disturbances of glycuronic acid; that there is absolute renal integrity; and, finally, that the extract of the posterior lobe of the pituitary inhibits the polyuria. [Leonard J. Kidd (London, England).]

**Pardee, I. H.** PITUITARY HEADACHES. [*Arch. Int. Med.*, Feb., 1919. J. A. M. A.]

A disproportion between the pituitary body and the sella produces pressure on the sensory nerves to the dura; and by its encroachment on the cavernous sinuses it may cause interference with the cerebral circulation, the whole setting up the train of pituitary symptoms, including headache, as originally pointed out by Timme. Pardee describes pitu-