dren. Such problems as the care of the pregnant woman, child labor, sex education, school sanitation, and more specifically the problems of the atypical child and juvenile delinquency, all can be better dealt with in proportion to our increased knowledge of child psychology. Social problems have a direct bearing. Inasmuch as many of the breaks, perhaps most of them, occur in the adolescent or early adult period, it would be of inestimable value if help could be systematically extended to the youth when the symptoms of final disaster are likely to be discoverable.

Raeder, Oscar J. ENDOCRINE IMBALANCE IN THE FEEBLEMINDED. [Jl. Am. Med. Ass., August 21, 1920.]

Evidence of gland changes observed in one hundred cases of feeble-mindedness, by routine examination methods, clinical and postmortem, without particular reference to endocrinology, is constant and striking. Seventy-five per cent of cases showed changes of one sort or another, and marked gland changes occurred in 21 per cent. Mongolian idiocy, with the constant and characteristic bony and soft tissue changes, microsomia, lowered resistance to infection, poor circulation, loose jointedness, and changes in the endocrine glands, seems evidently to have some connection with endocrine pathology. The influence of the internal secretions is far reaching, beginning early in life. In order to avoid permanent changes such as infantilism, dwarfism, acromegaly, microcephaly and feeble-mindedness it is imperative that the evidences of dysfunction be recognized and remedied by supplying the deficient hormone, or inhibiting the hyperfunction of a gland early in the course of its malfunctioning. The finer pathology of the ductless glands having to do with biochemical reactions, opens an unlimited field for research on feeble-mindedness by physiochemical and roentgenologic investigation. [Stragnell.]

Nieuwenhuijse, P. TUBEROSE SCLEROSIS. [Nederl. Tijdschr. voor Geneeskunde, 1920, March 20, p. 999.]

Nieuwenhuijse recently showed to the Amsterdam Neurological Society specimens of tuberosc sclerosis. In this condition we find in the brain abnormalities which stand halfway between developmental disturbances and neoplasms. In addition to the foci in the brain, we find regularly in these patients sebaceous adenomata in the skin, renal fibrolipomata, and in some cases cardiac rhabdomyomas. In the brain one is struck by the occurrence of extraordinarily large cells that must be conceived of partly as ganglion cells and partly as glia cells. In sections they are sometimes visible to the naked eye. One frequently finds large glia cells, but similar large ganglion cells do not occur in other morbid processes; they show many peculiarities, and can perhaps serve as a signpost in the search for the nature of the developmental disturbance. Bielschowsky thought these large cells might be due to a kind of vicarious hypertrophy—that the proliferating glia had destroyed various nerve cells, and that those which escaped became overgrown. This theory is unacceptable to the writer, and it is now admitted by Bielschowsky that