of the human being, where the process passes on so irregularly, a difficult task; but it would, however, evidently be of great importance.

In all these enumerations we cannot stop at apparent or relative values; the real and absolute amount must be approximately fixed. In working out the respective methods every organ must be made the object of a comprehensive revision which takes into consideration not only the normal but also the morbid organ structure, the various functional changes, faults caused by shrinkage or swelling and otherwise during the technical treatment, etc. And before such a method is seriously put into practical use, its precision must have been duly tested. Furthermore, all this must be done for every separate species that is dealt with. It is evident that as soon as normal material, sufficient both in quantity and quality, has been numerically analyzed in the manner described, any case of disease, analyzed in the same way, can with far more ease and, what is of still greater importance, with far greater certainty than at present, be estimated in all the respects that have been objects of the analysis. By following the attained norms, we shall be able to decide whether a value from a case of disease falls within or outside the range of the normal and in what direction an eventual displacement has occurred. The important questions about the interrelations of mental and hormonal functions, the connection of mental diseases with troubles in the endocrine system belong to those problems which without a deepening of our anatomical knowledge by exact quantitative work we may never be able to solve. [Author's abstract.]

Mussio-Fournier. SOME RARE ENDOCRINE DISTURBANCES. [Paris Méd., December 17, 1921, Vol. XI, No. 51. J. A. M. A.]

The essentially variable character of the disturbances, simulating widely diverse affections, was the main feature of Mussio-Fournier's two cases and of eight reported to him by others. In one, the almost kaleidoscopic clinical picture from the age of twelve to forty-seven can be explained by fleeting congestion at various points, of endocrine origin, and predominantly from defective thyroid functioning, although the amenorrhea pointed to the ovaries, and certain other symptoms—which subsided under epinephrin—indicated participation of the suprarenals. In the second case, thyroid treatment was given, and at once all the symptoms subsided and have not returned. In Hutinel's case, edema developed at the menopause of a previously healthy active woman, tending to leanness rather than obesity. The edema was followed by hemiplegia. After six months of this, tentative thyroid treatment cured at once the hemiplegia, edema and menorrhagia. In his first case, at different times the woman presented swelling and pain in the femur, tibia, humerus and ribs, sometimes on one side and then on the other. These foci were extremely painful, and an operation was performed on several occasions, with absolutely negative findings, nothing being discovered but a focus of congestion.