

Comby, J. HYPERNEPHROMA. [Arch. des Mèd. des Enfants, Mch., 1919.]

The author discusses the subject of neuroblastoma in general and calls attention to the differential diagnosis of sarcoma of the suprarenal, especially in its separation from hypernephroma of neural origin.

Satre and Gros. SUPRARENAL INSUFFICIENCY IN THE TROOPS. [Prog. Med., June 15, 1918, 33, No. 24, p. 205. J. A. M. A.]

Satre and Gros give a number of examples of what they call war hypoepinephric syndromes. Supplying the lacking epinephrin cured the disturbances when they took the form of diarrhea resembling cholera, as also in grave gastro-intestinal toxic infections. The men thus affected had led a sedentary life before the war, and the functioning of their damaged suprarenals had sufficed for their regular indoor life, but under the stress of campaigning the insufficiency of their endocrine system soon made itself manifest. The symptoms reveal the inability of the antitoxic functions to cope with the excessive amounts of poisons generated by the waste from muscular work. Whether there is merely functional suprarenal upset or organic damage, the fundamental symptoms are the same, vomiting, dizziness, asthenia and hypotension—just as in seasickness. There may be also small brownish spots on the skin, symmetrically distributed. When the solar plexus is irritated, there are liable to be apoplectiform coma or pseudomeningitic symptoms, vasomotor disturbances, etc. The blood pressure is low in all the forms. Arsenic, mercury and iodid are violent poisons for the suprarenals; nicotin is also injurious for them. Large and fractioned doses of epinephrin are called for, with ingestion of the total extract of the suprarenals. The epinephrin and extract of the capsule have a tonic and cardiovascular action, remarkably effectual, promptly raising the blood pressure and acting energetically to promote diuresis. If the epinephrin can be given by the mouth, from 8 to 10 mg. can be taken during the twenty-four hours, fractioned and well distributed. It should never be given in syrup, but the drops should be counted into sweetened water just as the dose is to be taken. The digestive intolerance usually makes it necessary to give the epinephrin by intramuscular injection.

Kramer, D. THE ADRENALIN CONTENT IN INFANTS' BLOOD. [Monatschrift für Kinderheilkunde, XIV, Nos. 8 and 12, 1918.]

In his researches, the author used cadavers. They revealed the fact that in intoxications due to feeding or other conditions, there was an absence of adrenalin in the suprarenals. This was likewise the case in premature infants, or at least the amount of adrenalin was below the normal. It is to be supposed that this lack of adrenalin in the suprarenals is due to hypofunction of these glands and not to a larger proportion of adrenalin entering into the circulation.