clinical forms according as it occurs isolated or part of Addison's disease. The syndrome is as follows: atrocious backache and abdominal pains; repeated and perhaps incoercible vomiting; diarrhea or exceptionally obstinate constipation; prostration, hypothermia and low tension pulse; cold extremities and tendency to cyanosis and collapse; death in from 3 to 6 days and exceptionally sudden or in a few hours. This syndrome has been mistaken for acute poisoning, cholera, peritonitis, meningitis, and several other grave affections, including encephalopathies of various kinds. The same syndrome is also seen symptomatically in any grave general infection or intoxication. The typical and atypical forms of Addison's disease are now related and the author proceeds to mention bulbospinal myasthenia, otherwise the Erb-Goldflamm syndrome, the adrenal nature of which has long been suspected. However, myasthenia is itself a syndrome of which the adrenal type is only one form. Finally there is a form of muscular atrophy of suprarenal origin. Under treatment it is insisted that the test for the indication for adrenaline therapy is the ability of the latter to maintain the blood pressure when this is depressed. [Med. Rec.]

Coston, H. R. CONGENITAL TOTAL HEMIHYPERTROPHY. [Med. Record, Jan. 31, 1920.]

In this child of defective mentality, 22 months of age, with negative family history save that one maternal cousin had six toes on the right foot, there was present at birth a marked hemihypertrophy of the left side of the body.

Claude, H., and Bernard, S. GLANDULAR FUNCTION TESTS. [Bull. de la Soc. Méd. des Hôp., Dec. 19, 1919, J. A. M. A.]

Claude and Bernard have been giving organ extracts to healthy subjects and to those with various endocrine disturbances, seeking by these biologic tests to throw more light on the functioning of the different glands with an internal secretion. The responses differed widely from the normal after injection of pituitary extract in exophthalmic goiter, in hypothyroidism, and with suprarenal insufficiency. The different results obtained with organ extracts in different cases are readily explained by the varying preceding conditions in some of the endocrine glands. Among the practical results thus learned is that preliminary administration of thyroid extract or gland tissue enhances the action of the pituitary and suprarenal extracts.

Perrin, M., and Richard, G. ENDOCRINE AND TARDY EPILEPSY. [Rev. Neur., Sept., 1919.]

Late developing epileptic convulsive conditions are here reported in whom polyglandular disease seemed to be related. An idiot of 38 and a woman of 20 are described for whose convulsions ovarian treatment