removed without damaging their form and kept in air at room temperature, it was markedly decreased in a few days, but when the glands were kept in oxygen-free medium, such a decrease was not observed. He next showed that continued subcutaneous injections of epinephrine did not materially change either the weight of the adrenals or their epinephrine content, nor was it changed by acute epinephrine intoxication, nor by prolonged fasting. In diphtheria intoxication the epinephrine content of the adrenals was markedly decreased, but hyperglycemia was not observed. The final study in this series was to determine the change of weight and epinephrine content of one adrenal after the removal of the companion gland. Though the weight of the adrenals showed a widely ranging individual variation, the removal of one adrenal caused a marked increase in the weight of the other, especially in the females, quite disproportionate to the increase in body weight. There was also an increase in the absolute epinephrine content of one gland after the removal of the other, though the epinephrine content of the adrenal, calculated per gm. of the gland, was decreased. Kuriyama believes that the marked increase in the weight of one gland after removal of the other is probably mostly due to the increase in the size of the cortex, rather than in the medulla. [J.]

Deluca, F. A. SUPRARENALS IN MALARIA. [Sem. Med. Buenos Aires, Jan. 24, 1918.]

The author has observed three patients with a suprarenal syndrome developing in the course of malaria, with necropsy in one. A tropical type of acute suprarenal disturbance due to malaria must therefore be looked for. In the severer cases, intravenous injections of artificial serum with epinephrine may tide the patient past the danger point. Quinine therapy should not be overlooked.

Betchov et Demole. TWO CASES OF ADRENAL INSUFFICIENCY. [Rev. méd. de la Suisse rom., June, 1918.]

The author describes two patients with acute adrenalin insufficiency. The first a male, aged 44, had recently had quinsy, after which he suffered from what seemed to be lumbago. The next symptoms were those of probable malignant disease of the left side of the neck—a primary lesion and enlarged regional lymphnodes. He began to emaciate, which reinforced the diagnosis of malignancy. It was thought that the tumor in the neck was a secondary nodule, but no primary growth could be detected. The remainder of the finds of a systematic examination were also negative with the exception of vascular hypotension. Sergeant's white line was repeatedly obtained. Poultices applied to the loins brought out a brown pigmentation. An injection of adrenaline increased the blood pressure without causing glycosuria. The lumbalgia had persisted. The patient developed a slight bronchitis, but he rapidly sank and