Sergent, E. EXOPHTHALMIC GOITER MISTAKEN FOR TUBERCULOSIS.

[Paris Médical, July 24, 1920.]

When symptoms of exophthalmic goiter develop in the course of tuberculosis, Sergent would attempt to relate them causally and emphasizes the need for caution in not unnecessarily exposing patients who only have psychoendocrine symptoms, continuous fever of vegetative origin (see Cawadi) as to tuberculosis to their disadvantage. He warns that many common symptoms are present. The unstable temperature and pulse, variable blood pressure, menstrual irregularities, burning cheeks, bright eye, sweats, early fatigue, emaciation, diarrhea, asthenia, and pain in the intestines. The most misleading hyperthyroid symptoms are the small, dry spasmodic cough and the tendency to shortness of breath on slight exertion. The breathing is spasmodic, apt to be staccato. Differentiation is possible only by recognizing the clinical picture of dysthyroid on the one hand and excluding active tuberculous lesions on the other. At puberty and the menopause dysthyroidism is especially prominent. The author failing to correlate the psychogenic factors at this time leads him to a one-sided endocrinopathic interpretation.

Hoppe, H. H. TREATMENT OF HYPERTHYROIDISM WITH CORPUS LUTEUM:

SECOND REPORT. [Ohio St. Med. J., October 1, 1920.]

The theory on which the corpus luteum treatment of hyperthyroidism is based, is that hyperthyroidism is caused by a defective secretion of the interstitial sex glands; that the hormones of the interstitial sex glands have an inhibitory and regulatory action on the secretion of the thyroid; that when the function of these interstitial glands is deficient, there is a lack of physiologic inhibition of the thyroid, with an excessive secretion and therefore, hyperthyroidism. In other words, hyperthyroidism and hypo-ovarianism are synonymous conditions. Hoppe emphasizes that these patients also require careful dietetic, hygienic and symptomatic treatment. He has had very good results from this treatment. [J. A. M. A.]

Janney, N. W., and Henderson, H. E. DIAGNOSIS AND TREATMENT OF

HYPOTHYROIDISM. [Arch. Int. Med., September 15, 1920. J. A. M. A.]

Janney and Henderson are of the opinion that latent hypothyroidism is more frequent than generally supposed, as among eighteen consecutive thyroid cases, it was present in twelve, four being cases of dysthyroidism and only one case presenting classical myxedematous symptoms. Analysis of clinical data shows the following to be present in more than 50 per cent. of the cases: history of obesity, particularly in early life, mental symptoms, marked liability to contract infections, hair anomalies, dry, harsh skin with pigmentation and atrophy, cold extremities and cold skin generally, obesity, decreased size of thyroid, subnormal tempera-

ture, pulse and respiration occur most frequently, being found in 81 per cent. of the authors' cases. Attention is called to the diagnostic value of lymphocytosis and mononucleosis in obscure thyroid cases. The basal metabolic rate is of great value in diagnosis and treatment of hypothyroidism, but cannot be considered an absolute criterion. The blood glucose tolerance test is abnormal in respect to the height of the curve and delayed return to normal level in the majority of cases of thyroid disease, but is only diagnostic of endocrine disease in general. There is no constant relation demonstrable in general. There is no constant relation demonstrable between the blood sugar curve and the metabolic rate in thyroid disease. The blood glucose curve is, however, of confirmatory value in the diagnosis of obscure thyroid cases. Estimation of the nitrogen balance in two cases of obscure hypothyroidism showed an inability to retain nitrogen, this being further evidence of the synthetical function of the thyroid gland, as further developed in the theoretical consideration. Treatment of hypothyroidism the authors claim is best carried out with Kendall's thyroxin and controlled by estimation of the basal metabolic rate.

Goetsch, E. DIAGNOSES AND TREATMENT OF THYROID DISEASE BASED ON USE OF EPINEPHRIN HYPERSENSITIVENESS TESTS. [N. Y. State Jl. of Med., September, 1920.]

The importance of recognizing hyperthyroidism as the chief factor in a large group of obscure cases symptomatically simulating one another, tuberculosis being one of the most important, is here emphasized. The diagnostic value of the epinephrin test in recognizing hyperthyroidism, in which case there is a constitutional hypersensitiveness to this drug, is also important. He claims that as far as the pathology of the gland is concerned in these clinical cases, which were regarded as tuberculosis by many physicians who saw them previous to their appearance at Saranac Lake, Goetsch draws attention particularly to that condition to which he has given the name of "diffuse adenomatosis" because it is in this condition that the diagnosis is difficult to make. However, he claims that the most expert clinical diagnostician is often at a loss in recognizing cases of mild hyperthyroidism, due to diffuse adenomatosis of the thyroid gland. In this latter condition there are neither the well known eye signs and vascular features of exophthalmic goiter, nor are there the discrete nodules of adenoma. The gland is usually mildly to moderately enlarged, fairly uniformly; it has an elastic, firm feel and at operation is seen to be more or less adherent to the surrounding structures. The capsule is thickened, there is some increased circulation particularly, it seems, of venous nature, and the characteristic features are more particularly seen in the microscope. There is an increase of the interstitial so-called "fetal cells." There are numerous nests of very small newly formed acini. The remaining