operation, the excitability of the sympathetic system gradually decreased, so that the sympathetotonic epinephrin blood pressure curve became normal. In some cases it became even markedly vagotonic. The results of other functional tests of the vegetative autonomic nervous system corresponded to these findings. At the same time, it was established that in sympathetotonic subjects the course of the epinephrin pulse curve corresponds closely to the blood pressure curve. In spite of marked and rapidly increasing blood pressure, there is no primary retardation of the pulse. The result of the investigations points to an elective sensitizing effect of hyperthyroidism on the sympathetic nervous system.

Seitz, E. EXOPHTHALMIC GOITER AND VEGETATIVE NERVOUS SYSTEM. [Zent. f. innere Med., October 29, 1921, Vol. XLII, No. 43.]

Among the factors apart from the thyroid proper, a condition of the vegetative nervous system has been held to be the real underlying cause of exophthalmic goiter. The behavior of the blood sugar is one of the indices for the condition of the vegetative nervous system. He undertook to test the blood sugar metabolism in fifty cases of strumectomy. A few days before the operation he examined the patient for the blood sugar value, fasting, and also an hour after test ingestion of 100 gm. of glucose. In a portion of the cases the same test was made with 0.75 mg. of epinephrin. In a large majority of the cases, the same tests were made two weeks after the operation, and in a few instances after still longer intervals. From his findings the author infers that very frequently—but by no means constantly—in affections of the thyroid gland the vegetative nervous system, particularly its sympathetic pathways, are hyperexcitable.

Coulaud, E. THYROID TREATMENT AND TUBERCULOSIS. [Annales de Médecine, November, 1921, Vol. X, No. 5. J. A. M. A.]

Coulaud relates a number of examples of the flaring up of latent tuberculosis under the influence of thyroid treatment. This was particularly pronounced in three women with "thyroid rheumatism." The severe rheumatism improved materially under thyroid treatment, but the patients began to cough and develop active pulmonary tuberculosis. Souques has reported two similar cases, the women recovering almost completely from their painful polyarticular rheumatism, but dying soon after from pulmonary tuberculosis. All tests for tuberculosis had been negative before. One of these patients took 316 doses of 0.1 gm. of thyroid extract in the course of eight months; the pains and stiffness reappeared when the treatment was suspended. One man of forty-seven with chronic rheumatism improved spontaneously as pulmonary tuberculosis became installed. As the symptoms of rheumatism returned, thyroid treatment was begun and this seemed to speed up the lung process. The thyroid seems to be exceptionally active during menstruation, pregnancy and the menopause, and in these periods the resisting power to tuberculosis seems to be at its lowest ebb. Rist has recently reported some cases in which the onset of