

2. ENDOCRINOPATHIES—GENERAL.

Romeis, B. EXPERIMENTAL MODIFICATION OF CONSTITUTION. [Müncher med. Wochen., April, 1921, LXVIII, No. 14.]

Romeis reports the transformation of weakly and deformed tadpoles into vigorous and normal animals under systematic treatment with calf thymus.

Fulton, J. F. ENDOCRINOLOGY AND METAMORPHOSIS. [Endocrinology, January, 1921.]

The controlling factors in amphibian metamorphosis, a field in which most fruitful results have been achieved is here reviewed by the author. Results which have been gained, give to these investigations an intensely practical aspect. They indicate that endocrinology as a science will be concerned in the future not only with the physiology of mature individuals, but also with embryological development. He generalizes that the metamorphosis of amphibians cannot take place in the absence of the thyroid hormone and the feeding of growing tadpoles with desiccated thyroid accelerates their rate of metamorphosis. Thyroidectomy interferes with bone growth and causes the liver, intestines, thymus, brain, kidney and spleen to retain their larval condition, whereas gonads and lungs develop normally. But a larva so arrested will metamorphose normally if fed with thyroid extract or with organic iodine. The organic extract of the pineal gland accelerates metabolic processes, but seems to inhibit the growth of the testis. The thymus is primarily a lymphopoiëtic organ and is probably not an endocrine organ. It does not affect metamorphosis and has no influence on sexual development. The cells of the pituitary are closely related in function to the intestinal cells of the testis. The anterior lobe probably stimulates sexual development, accelerates growth and assists in bone ossification.

Curschmann, H. CONGENITAL PREDISPOSITION IN PLURIGLANDULAR INSUFFICIENCY. [Zschr. f. d. ges. Neur., Vol. LIX, p. 264.]

The author disproves a statement of Krabbe that early acquired or congenital pluriglandular insufficiency have been considered in the literature only as concerns cretinism. He enumerates the many forms which have been noted in the German literature clinically as well as anatomohistologically. He finds that congenital hypo- and dysplasias of individual endocrinous glands, especially hypogenital conditions in later pluriglandular insufficiencies, are noted as very frequent. He adds the testimony of another case to his own former communications. He reports congenital, functional and somatic hypogenitalism with absence of secondary sexual characteristics, particularly vox puerilis with hypoplastic larynx; congenital hyperplasia of the parotid gland; hypoplasia of the thyroid gland; symmetric scleroderma of both legs and feet and