

to individual sensitiveness. This was noted in every case, after injection, seeming to indicate the new serum to be antagonistic to the internal secretion of the pituitary body, as far as blood pressure is concerned. Thirty cases of diabetes mellitus were treated; of these, 8 did not respond with any noteworthy diminution of glycosuria, 14 had a complete disappearance of it while the intake of carbohydrates was notably increased; in 8, a diminution of glycosuria was seen. Polyuria commonly disappeared with rapidity, even in the most unfavorable cases. The favorable ones also showing improvement of the general condition and of special symptoms such as neuritis, retinitis, emaciation, headache, etc. Four cases are reported *in extenso*. [Author's abstract.]

Gordon, M. B. PINEAL GLAND IN PEDIATRICS. [Endocrinology, Oct.-Dec., 1919.]

The author does not consider that sufficient facts have been given in the literature to allow of any firm opinion as to the functional activity of the pineal gland. Does it possess an internal secretion? Nothing has been proved. Experimental work has failed to prove that it possesses a function, and no experimental studies are so complete as to allow comparison with the very striking syndrome seen clinically. Horrax and others maintain that the pineal gland controls the inhibition of sex growth, then pineal feeding should postpone adolescence, but by Dana, Berkeley and McCord proved the opposite. Yet, if the feeding results of McCord are correct, strong evidence of a pineal function ought to have followed the extirpations of Dandy and Horrax. Finally, Gordon says all knowledge of the pineal function is more problematic than accurate.

Krabbe, K. EARLY SYNOSTOSIS OF THE EPIPHYSIS WITH DWARFISM IN PUBERTAS PRÆCOX. [Endocrinology, Oct.-Dec., 1919.]

The case given by Krabbe is a girl thirteen and a half, who, when only a few months old, had bleeding from the vagina with recurrence every four weeks since. From the sixth to the seventh year the breasts were the most prominent, then there was a diminution in size; now they are like the breasts of a middle-aged virgin. For two or three years a growth of hair in the axilla and over the pubis was noticed. Her hips and thighs have always been large. Growth was rapid until she was seven, since that time it has stopped. The lower limbs are strikingly short in relation to the trunk. X-ray showed a normal sella turcica. The epiphyseal fissures of the lower and upper limbs were completely grown together. The patient's face is childish and gives no evidence of sexual knowledge in spite of the marked development of menstrual function and external evidences of sexual maturity. Seeing this, no intravaginal examination was made, so the possibility of an ovarian abnormality being the cause of the condition could not be eliminated. Thyroid

and pituitary diseases do not produce this type of dwarf. In these the epiphyseal fissures remain barely open, but for an abnormally long time.

Meyer, William. CONCERNING THE HYPOPHYSIAL AND EPIPHYSIAL DISTURBANCES IN HYDROCEPHALUS INTERNUS. [*Zeitsch. f. d. ges. Neur. u. Psych.*, 1918, Vol. 44, p. 101.].

Hydrocephalus internus may give rise to symptom complexes of various forms, and sometimes the symptoms resemble very closely those produced by tumors of the hypophysis. The author observed in a whole series of cases of hydrocephalus internus slight symptoms of disturbance of the pituitary functions (obesity, indications of acromegaly etc.), and in three cases there were very serious symptoms referable to disturbance of the hypophysis and epiphysis. The first case described is that of a girl, four years old. There was extreme obesity with distribution of fat characteristic of hypophysial disturbance, but no indications of a primary disease of the pituitary body. There were, however, in the shape of the skull, the mental deficiency, etc., very marked signs of hydrocephalus internus and this affection probably disturbed the functions of the hypophysis through pressure. The second case was that of a boy nine years old with distinct signs of hypophysial disturbance (dystrophy of genitals, adiposity, indications of acromegaly). There were no signs of primary disease of the pituitary, but distinct symptoms of hydrocephalus, leading again to the conclusion that the hypophysial symptoms were result of a secondary affection. The third case, of a girl eight years of age, the author interprets as a serous meningitis which, through pressure from within, caused disturbances in the hypophysis and epiphysis.

II. SENSORI-MOTOR NEUROLOGY

1. PERIPHERAL NERVES.

Bradford, J. Rose, E. F. Bashford, and J. A. Wilson. ACUTE INFECTIVE POLYNEURITIS. [*Quart. Jour. Med.*, Oct., 1918, and Jan., 1919.]

Their clinical account is based on the observation of 30 cases occurring among British soldiers in France between the ages of 19 to 49 years. Usually, but not always, an opening illness, with general symptoms, followed by a latent period of several weeks, precedes the palsy. It may appear gradually, or with dramatic suddenness, and is usually widespread, affecting more especially the large muscles of the limbs and trunk, but not exclusively confined to them. The face is almost always affected, generally on both sides. Individual muscles and groups of muscles are not picked out, hence the trunk and limbs are affected as a whole. It is nearly always progressive and may conform to the ascending type. Muscular wasting is not a feature. Sensation is constantly affected. As early symptoms, there are subjective pains, numbness and