

the operation, which did not yield to opotherapy nor did it develop equally with the testicular modifications. In some dogs there were a special infiltration of subcutaneous cellular tissue, with a mucous appearance and large ears like a pig; atrophy of the prostate and internal genitals, of the testicular seminiferous elements, though less of the interstitial elements. The only dental change was a retardation of development. In the blood of the young dogs there was diminution of red corpuscles and of hemoglobin. Several adults had no glycosuria, although dosed with saccharose (even as much as 350 gr.), lactose and maltose. The thyroid was modified in those that had been deprived of the hypophysis and were killed after several months. There was an excessive accumulation of colloid, epithelium aplani, and sometimes degenerative lesions; while parathyroids were normal or increased. The pancreas was red or white without histological alteration. None of these changes took place in those animals operated upon without ablation of the hypophysis. The anterior lobe is physiologically the most important part.

Atwell, W. J., and Marinus, C. J. ACTIVITY OF EXTRACTS OF THE PARS TUBERALIS AND OTHER REGIONS OF THE OX PITUITARY. [Amer. Jour. Physiol., 1918, 47, 76-90.]

Finds that a pure extract of the pars intermedia of the fresh gland will produce in the rabbit a distinct rise in the blood pressure.

Beck, H. G. FAT REDISTRIBUTION IN THE HYPOPHYSEAL TYPE OF DYSTROPHY ADIPOSOGENITALIS. [American Journal of the Medical Sciences, November, 1918.]

Disordered function of the pituitary gives rise to various types of dystrophy, depending on overfunctioning—hyperpituitarism; underfunctioning—hypopituitarism; or perverted functioning—dyspituitarism. It is generally accepted that the fat dystrophies of pituitary origin are due to hyposecretion of the posterior lobe. The most commonly recognized form is known as hypophyseal dystrophy adiposogenitalis—typus Frölich, by whom it was described in 1901. The adiposity that is frequently associated with acromegaly is thought to be due to secondary involvement of the posterior lobe. My interest in this subject was awakened in 1915, when two patients consulted me with the same clinical pictures. The first case was that of a woman, aged forty-one years, five feet three inches tall, weighing 125 pounds. She was married, but never pregnant. Her health had been good until eighteen months previous, when menstruation became irregular and the flow gradually diminished until there was finally complete cessation. During the ten months preceding the examination she had gained about twenty pounds in weight. With this gain in weight she noticed an enormous increase in the circumference of the hips, upper thighs and abdomen, but there was no perceptible in-