

millimeters, respectively. The duration of the reduction varied in different patients, but in some it persisted several months. X-ray exposure of the adrenals deserves a place in the treatment of hypertension.

Fournier, J. C. M. ADDISON'S DISEASE AND THE WHITE LINE PHENOMENON. [Bulletins et mémoires de la Société médicale des hôpitaux de Paris, March 13, 1919.]

The author reports the case of a girl of eighteen who ceased menstruating and showed some loss of weight. One month later she suddenly began to experience severe pains in the lumbar regions, radiating to the anterior abdominal surface and even to the thighs, which compelled her to walk with her body bent forward to avoid jarring and pain. By the eighth day the pain was so severe that she went to bed. There was also slight headache. Next day there was vomiting, followed by profuse diarrhea. Upon admission to the hospital the patient was found emaciated and exhausted; temperature normal; tongue dry; pulse rate, 120; systolic blood pressure, ninety; diastolic, sixty; abdomen retracted and slightly tender; tenderness more marked over the lumbar region. The skin was for the most part pale, but the areas covered by the corset and garters were markedly pigmented, as were also the scleræ of the eyes. The oral mucous membrane showed two small pigmented spots. A distinct white line on the skin appeared in ten to fifteen seconds and lasted three or four minutes. Tests of the vegetative nervous system with pilocarpine, adrenalin, atropine, alimentary glycosuria, and Aschner's reflex gave normal results, save that neither injection of .003 gram of adrenalin nor ingestion of 200 grams of glucose brought on glycosuria. The patient was given forty drops a day of the one in 1,000 adrenalin solution. Under this treatment the main symptoms disappeared in twenty-four to forty-eight hours, including the vomiting, diarrhea, and pain, and the pulse rate dropped from 120 to eighty. General bodily vigor returned, the systolic pressure rose to 120 and the diastolic to ninety, and the white line phenomenon could no longer be elicited. The only residual disturbances were the pigmentation already mentioned, a condition of instability of the pulse—the rate rising to 130 or 140 on exertion, or even spontaneously—and evanescent lumbar pains. In nine of 250 other patients suffering from various disorders was the white line phenomenon positive. In all cases of influenza associated with low blood pressure and adynamia, however, the author had obtained the white line, which became less distinct and later disappeared under adrenalin treatment. The author believes these observations support Sergent's view of the value of the white line as an indication of adrenal insufficiency.