

In the other three groups of experiments the drop was much greater and lasted longer. Often the decrease was to four-fifths and occasionally ten-elevenths of the original number, even twenty-seven hours after operation. If at the same operation splenectomy was performed and a fistula of the thoracic duct made, the effect was most pronounced. This phenomenon was not lasting, however, for these cells gradually rose to their original numbers as in the control experiments. The large mononuclear cells and transitional forms did not show any constant change. Occasionally they fell, often rose, and sometimes made their appearance in the circulating blood where before they had been absent. Owing to the extreme fluctuations of the numbers of these cells in the normal dogs, no definite conclusions could be drawn as to the effect which the operations might have upon them. The eosinophiles decreased regularly in both the control and experimental dogs, and sometimes disappeared entirely from the circulating blood. Quite as regular was their reappearance and gradual increase. The author concludes that when either a fistulous opening is made in the thoracic duct alone, or this operation is combined with splenectomy, the circulating blood shows a temporary decrease in the numbers of small lymphocytes. This diminution is slight but constant, and is dependent upon the loss of lymphocytes brought to the blood by way of the thoracic duct. The subsequent increase of lymphocytes and final establishment of the normal numbers is not dependent upon a vicarious function of the bone-marrow to form lymphocytes, since a histological study of the bone marrow showed no evidence of lymphocyte production. Indeed, no difference could be made out between the marrows of animals killed during the period of greatest lymphopœnia and the most marked lymphocytosis. Neither could any compensatory flow of lymph into the blood from channels other than the thoracic duct be discovered. Crescenzi therefore concludes that the small lymphocytes enter the circulation directly from the lymph glands. The experiments seem to show further that all the white cells do not arise from the same hæmopoietic organ, and that the large lymphocytes and transitional forms are not derived from the lymph glands.

**Studies on the Pathological Anatomy of the Adrenals (Atrophy, Vicarious Hypertrophy, Tuberculosis).—**MARAKASCHEFF (*Ziegler's Beiträge* 1904, Bd. xxxvi. p. 401), after studying the adrenal glands in cases of Addison's disease, and in certain conditions in which the glands were the seat of marked pathological change, concludes that the cortical substance is particularly involved in cases of Addison's disease, and destruction of this portion may be followed by the entire symptom-complex. Moreover, the medullary substance may be completely destroyed without the presence of Addison's disease. If one adrenal is destroyed, an hypertrophy of the cortex of the other one may take place; this hypertrophy leads to great compression of the medulla.

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