

2. The change into fibrous connective tissue is complete in from three to four months.

3. Infection does not alter the metaplasia, though it delays it.

4. When placed over a decapsulated kidney, a new capsule is formed.

5. Incision into the healthy kidney is followed by extensive necrosis, which is replaced by fibrous tissue.

**Organotherapy in Gynecology.** Frank Benton Block and Thomas H. Llewellyn, Philadelphia, Pa. *The American Journal of Obstetrics and Diseases of Women and Children*, Vol. LXXV., Whole No. 471, March, 1917, p. 357.

This report is based upon the experiences of the authors with the use of internal secretory organic preparations in the treatment of various common gynecological disorders seen in the dispensary. Their experience with corpus luteum extract has shown that the preparation made from the cow is as potent as the one made from the sow. Small doses such as two grains, three times daily, are recommended in all cases where there are symptoms of deficient ovarian activity, such as hot and cold sensations, dizziness, headache, nervousness, etc., providing that there is still some ovarian tissue in the body. In cases where these symptoms are due to complete removal of both ovaries, large doses of corpus luteum will be required for relief of these distressing symptoms. In certain cases of chronic pelvic inflammatory disease, the combination of local treatment and organotherapy may be preferable to the operative treatment.

Thyroid extract has been used with some success as a stimulant to ovarian activity, being frequently substituted for corpus luteum extract on account of the expense of the latter. It has proven of unusual value in a few cases of delayed sexual development. Pituitary substance, in addition to its stimulating action on the uterine muscle, has a marked influence in counteracting ovarian secretion. Therefore it is of great value in checking uterine hemorrhage. In cases of menarchial hemorrhage, pituitary extract has acted almost as a specific.

The authors insist that each case must be studied on its own merits and frequently many combinations or preparations will have to be tried before the proper one is found.

**Intracanalicular Papilloma.** Edward Starr Judd, Rochester, Minn. *The Journal-Lancet*, Vol. XXXVII, No. 5, March 1, 1917, p. 141.

A study of 100 consecutive cases of discharging nipples. In 60 out of this number, a sero-hemorrhagic discharge was present; in the remaining 40 some other form of discharge was described. Carcinoma apparently is the most common lesion producing a discharge from the nipple. However, it was almost invariably associated with a tumor in the breast. Usually, the tumor was present some time before the discharge began. In 26% of these cases, chronic

cystic mastitis was present; 12 of them were in the first group of fifty, and 14 in the second. However, in some of our cases of chronic cystic mastitis, the discharge may have been from a duct papilloma, for often these tumors are very small and might easily be overlooked. This series seems to lend evidence to the contention that a hemorrhagic or sero-hemorrhagic discharge from the nipple in the absence of a palpable tumor is most often produced by a benign intracanalicular papilloma. In view of this fact, treatment should be conservative, particularly in young women. In older patients, especially if the condition is associated with chronic cystic mastitis, the mammary gland should be removed. If there are indications of malignant changes, a radical operation is advisable.

**Blood Pressure Changes Induced by Hot and Cold Applications Upon and Within the Abdomen.** Frederick S. Hammett, with the Assistance of E. W. Tice and E. Larson, Los Angeles, Cal. *The Journal of the American Medical Association*, Vol. LXVIII, No. 8, February 24, 1917, p. 621.

The experiments to determine the effect upon blood pressure of hot and cold stimuli locally applied were made on cats. The cats were anesthetized and the carotid pressure was recorded through a mercury manometer. The stimuli were calibrated and application made in such a manner that effects of pressure and other factors which might affect blood pressure were reduced to a minimum. Controls were run in all cases.

The application of heat externally to the abdomen produces a rise in blood pressure which returns to normal on removal of the stimulus.

The application of cold stimuli externally produces but slight change, any variation occurring being an increase in blood pressure.

The difference in effects of hot and cold stimuli is one of degree and not of kind.

In determining the effect of internal application, the abdomen was opened and the blood pressure allowed to return to normal before the stimuli were applied. The skin and cut surfaces were protected and the stimuli applied entirely within the abdomen.

With heat stimulation internally there is a preliminary rise in blood pressure of short duration followed by a decided drop below normal with another drop upon removal of the stimulus and a then gradual return to normal.

With cold stimulation internally there is also produced a marked drop in the blood pressure which gradually returns to normal on removal of the stimulus.

With the above facts in view, it is evident that hot or cold applications upon or within the abdomen produce marked changes in blood pressure. Any pack used within the abdomen during an abdominal operation should be at or near the temperature of the body, for a variation from this temperature tends to add to the shock of the operation.