

**Stoeltzner, W.** MONGOLISM. [Münch. m. Woch., Dec. 28, 1919.]

Three women developed signs of hypothyroidism in pregnancy, such as loss of appetite, constipation, obesity, loss of hair, absence of sweating, drowsiness, and indifference, and all gave birth to mongolian imbeciles. On the other hand, in seven other cases of mongolism there was no history of thyroid insufficiency during pregnancy. Stoeltzner, however, has published the cases in the conviction that positive results are of more value than negative, especially for the purpose of practical therapeutics. If mongolism be due to hypothyroidism of the mother in pregnancy, thyroid opotherapy will not only cure the mother, but will also prevent the birth of a mongolian imbecile.

**Troell, J.** HYPERTHYROIDISM. [Hygeia, Jan. 31, 1920.]

In this paper the author first emphasizes the struma, tachycardia, and exophthalmus. He next discusses other evidences, as emaciation in the presence of normal appetite and the neuropathic symptoms, notably those of motor activity, which may be numerous and varied. The method of Goetsch he has tested on his own material. In one patient in whom the disease has existed for many years the injection of adrenalin raised the pulse frequency from 106 to 130 and the blood pressure from 145 to 175. Hemistruumectomy was then performed, after which the increases were as follows: pulse 80 to 88, blood pressure 130 to 135. In another case with severe type of disease, but relatively low pulse and blood pressure, the provocative injection caused an increase of pulse from 98 to 128 and of blood pressure from 145 to 228. But after ligation and subsequent strumectomy the adrenalin test was no less positive than before, although patient had rapidly improved and had gained 17 kilograms. The results in general do not appear to show any definite necessary relationship between adrenalin hypersensitiveness and the degree of severity of Graves's disease.

**Murray, G. R.** MYXEDEMA. [Br. Med. J1., March 13, 1920, Med. Rec.]

Professor George R. Murray reviews the history of the first case of myxedema successfully treated by thyroid extract, the results obtained in this case not only affording definite proof that the thyroid gland produced an internal secretion, but showed that the thyroid insufficiency of myxedema in man could be made good by maintaining an adequate supply of thyroidal hormones from an external source. He recalls the publication of the report, in 1888, of the special committee which was appointed by the Clinical Society (London) in 1883 to investigate the relation of myxedema and allied conditions to the thyroid gland. The experimental work of Sir Victor Horsley, which was undertaken at the request of this committee, first proved that myxedema and cachexia strumipriva were due to loss of function of the thyroid gland. Although at that time it had not been proved that this function was to provide