

tinuing the treatment possibly for months, and alternating or combining the organ extracts according to the results obtained. If there is any tendency to a positive Wassermann reaction, mercurial or arsenical treatment should supplement the organotherapy. In any event, organotherapy of any kind requires medical surveillance.

Clerc, A., and Pezzi, C. ANTAGONISM OF ADRENALIN AND QUININE. [Presse médicale, December 20, 1919.]

These authors report experimental work showing that in some respects adrenalin and quinine are antagonistic in their pharmacological effects. Complete antagonism exists as regards the medullary centers of the vagi, which adrenalin excites and quinine paralyzes, and as regards the heart, which adrenalin stimulates and accelerates, while quinine depresses and slows. Arterial pressure is raised by adrenalin and lowered by quinine. The adrenalin raises the pressure, however, by combined cardiac and vascular actions, while quinine lowers the pressure by depressing the heart more strongly than it contracts the vessels. Whereas adrenalin is a stimulant to the sympathetic nervous system, quinine may be considered to have a sedative action.

Richter, E. CHEMICAL BIOLOGY OF ADRENALS, HYPOPHYSIS AND THYROID. [Deut. m. Woch., 1919, No. 26, p. 709.]

By means of an adrenalin gold reaction test the author supposes that adrenalin is able to reduce metals from their salts. This capacity he has discovered to reside in the hormones which he has termed thyrealin and hypophysalin. Thus he argues for a dynamic opposing series of forces to the oxidizing functions of the lung. By means of a specific sympathetic nervous system stimulation these reduction energy releases increase the blood pressure and stimulate smooth muscle structures.

Faber, K. ADDISON SYNDROME. [Ugeskrift for Læger, December 25, 1919.]

This observer narrates the history of a woman, 47, who was married but childless. Several months before admission to hospital her hands and fingers easily became cold and numb, and their color changed from great pallor to striking cyanosis. This would last for a quarter of an hour to two hours, and disappeared by warmth. Later the feet showed the same condition. It became steadily worse and was associated with increasingly severe pain. Small whitlows appeared on her fingers and herpes zoster broke out on her back, and abdomen. On admission to hospital in March, 1919, her nose was cyanosed and the tip of one finger was gangrenous. The breasts and linea alba were slightly pigmented. Wassermann's reaction and an x-ray examination of the pituitary body were negative. Later she began to vomit, the temperature became sub-febrile, and she became asthenic. The pigmentation of the skin became