

A DIRECTLY EXCITABLE REGION IN THE HUMAN ENDOCARDIUM. R. Argaud.
(Compt. Rend. d. l. Acad. des Sciences, 1913, CLVI, p. 1787.)

Argaud observed a spontaneous contraction of the exposed heart of a man, aged twenty, forty-five minutes after decapitation; from this time the heart did not contract unless it were stimulated mechanically; the stimulus was most effective over the right auricle. These contractions were evoked mechanically about every ten seconds up to the fifty-second minute; they then lessened and became more and more capricious, being sometimes auricular, sometimes ventricular, and often there was a slight incoördinate fibrillation. At the sixty-second minute the heart was not mechanically excitable, and electrical stimulation of its surface gave neither contraction nor fibrillation. The heart was now opened; electrical stimulation of the endocardium of the right ventricle and of the whole of the left heart failed to evoke contraction, but stimulation of the right auricular endocardium evoked contraction of the whole of the heart. From the seventy-second to the seventy-fifth minute three induction-shocks were needed for this, and at the eighty-third minute after decapitation the heart was inexcitable. The most excitable region corresponded with the *tænia* of His, the Keith-Flack node, and the valve of Thebesius, *i. e.*, the region most rich in nerve-ganglia. Argaud has often found nerve-ganglia in the substance of the Thebesian valve of man and other mammals. He suggests that in cardiac massage, instead of the usual continuous ventricular massage, we should apply light taps by the tips of the fingers to the right auricle *at intervals*, and watch, as far as possible, for the myocardial response.

LEONARD J. KIDD (London, England).

ADIPOSIITY DUE TO A JUXTA-PITUITARY SARCOMA. Laignel-Lavastine and L. Boudon. (Bull. et Mém. Soc. Méd. des Hôp. de Paris, February 19, 1914, p. 283.)

The specimen and sections were presented from the case of a woman, aged forty-one, who developed an enormous adiposity simultaneously with intracranial hypertension and blindness due to a sarcoma of the anterior fossa. The adiposity was universal, but there was normal growth of hair on head, axillæ, and pubes. The anterior pituitary lobe, although atrophied, showed histological evidence of functional activity, while the posterior lobe appears to have suffered more damage. The authors regard the adiposity as due to pituitary disturbances secondary to compression by the sarcoma of the cranial base. In the adiposo-genital syndrome the genital atrophy and the loss of the secondary sexual characters are often lacking, especially in the adult, and in this case only the adiposity was present. The authors raise the question whether the various parts of the pituitary may not really be united together physiologically as well as anatomically. "One can conceive in this way that a lesion which involves one lobe may act upon another lobe which appears to be intact." Their case illustrates the fact that the adiposo-genital syndrome is sometimes dissociated, as in the case of one of Camus and Roussy's dogs (*vide supra*). The writers regard pituitary adiposity as dependent on a secretory or excretory insufficiency of the posterior pituitary lobe.

LEONARD J. KIDD (London, England).