

in neuroarthritics, during rapid growth, in persistent juvenility, in the various Basedow conditions, in thyrotesticular cases, at any stage of the sexual life in females, and in some high pressure patients. The hyperthermia is due to hyperthyroidism, as is proven by animal experimentation, by alimentary thyroidism, by the presence of hyperthermia in exophthalmic goiter, and by the opposite condition—hyperthemia—met with in hypothyroidism. Ovarian and adrenal disturbances may also induce hyperthyroidism with consequent hyperthermia.

**Swingle, W. W.** IODINE AND THYROID. [Jl. Gen. Physiol., 1, 1919, No. 6.]

This paper tends to prove that the thyroid is a localized depot for the storage of a surplus supply of iodine which supplements the diffuse iodine supply of the tissues and hence acts as a stabilizer for the supply of this chemical element for its appropriate functions in the body.

**Nicholson, N. C., and Goetsch, E.** THE DIFFERENTIATION OF EARLY TUBERCULOSIS AND HYPERTHYROIDISM. [Canadian Medical Association Journal, June, 1919.]

Hyperthyroidism is responsible for the general symptoms usually attributed to tuberculosis in most of the cases where the presence of clinical tuberculosis is questionable, is the thesis here discussed, and also where the tuberculous lesion is thought to be insufficiently active to account for the severity of the symptoms. They divide patients hypothetically into three classes; those with frank tuberculosis, those with hyperthyroidism complicating tuberculosis, and hyperthyroidism only. Symptoms common to all three are fatigue, asthenia, loss of weight and strength, increased or normal pulse rate, nervousness, and possibly slight elevation of temperature. They make the differentiation by means of the adrenalin test, the technic of which must be read in the original, as the observance of its minute details is essential to success and it is consequently not suitable for abstract. The results obtained in forty cases are: In eighteen cases of questionable clinical tuberculosis the adrenalin test gave ten positive results and eight negative; in seventeen cases of inactive clinical tuberculosis there were nine positive and eight negative results; six cases of active clinical tuberculosis responded negatively to the test. Some of the positive responses were mild, others moderate, others marked. The constitutional hypersensitiveness to adrenalin is an indicator of excessive thyroid function and conclusions as to the degree of overfunction, which have a bearing on the treatment, can be drawn from the degree of the response.

**Atwater, R. M.** SCLERODERMA AND SCLERODACTYLY. [Am. Jl. Med. Sc., 158, July, 1919, J. A. M. A.]

This case presented by Atwater possesses many characteristics of

the disease in its usual form. The associated sclerodactyly appears quite typical of those cases previously reported in which roentgenographic studies of the bones have been made. There is a characteristic atrophy, absorption and eventual disappearance of the terminal phalanges most commonly in the hands and sometimes in the feet.

**du Castel, J.** SKIN AND EXOPHTHALMIC GOITER. [Paris Med., 9, May 10, 1919.]

Various dermatoses which may be associated with hyperthyroids are here taken up by the author. Vasomotor, trophic, toxic and microbial complications are fully discussed. Chronic or recurring pyrodermatitis or eczema are frequently precursors of a frank attack of exophthalmic goiter. He directs attention to the soil in true mechanistic fashion, but is oblivious to the influence of affective disturbances as causes of the exophthalmic goiter as well as the dermatoses.

**Pincherle, M.** PITUITARY DEFICIENCY. [Rev. d. Clin. Pediatri, 16, July, 1918. J. A. M. A.]

Pincherle gives seven pages of bibliography, and tabulates 116 cases from the literature in which the effect of pituitary treatment was recorded, as also seventeen reports on experimental lesions of the pituitary body. Comparing all this testimony with his own clinical experience amply confirms the connection between abnormal polyuria and backward physical development and pituitary insufficiency. Corroborating minor signs are the effects of pituitary treatment, the extreme tolerance for carbohydrates, the abnormally small sella turcica, anomalies in ossification, and Cushing's thermoreaction, low blood pressure, asthenia and drowsiness. In some of his cases only some of these minor points were evident, and he classifies them as "masked pituitary syndromes." They are important for research on the endocrine system, but the chief importance of their discovery lies in the possibility of improvement and cure under organotherapy. In one of his patients the arrival of puberty was accompanied by considerable development of fat, and menstruation was seriously irregular while some of the sexual characters were abnormal. Pituitary treatment in his cases reduced the excessive diuresis and polydipsia, but did not seem to modify durably the diabetes insipidus. The children increased in height and weight, but not all the signs of backward physical development subsided. Enough were modified, however, to encourage further experiments in this line with great promise. In all his cases albuminuria could be induced by forced lordosis, which indicated a low resisting power on the part of the kidneys.

**Abel, J. J., and Kubota, S.** HISTAMIN IN THE HYPOPHYSIS. [Jl. Pharm. and Exp. Therap., 13, June, 1919.]

This is a chemical study which seeks to determine the presence of