

*Studies on a Case of Hypo-Pituitarism.* (*Amer. Journ. of Ins.*, October, 1920.) Newcomer, H. S., and Strecker, E. A.

The patient on admission to hospital was *æt.* 12 years 2 months; her apparent age was 17 years. Height, 63 in.; weight, 155 lb.; circumference of head, 55 cm. Her skeletal measurements showed generalized overgrowth with a relative increase in length of the long bones. The teeth showed moderate spacing; her hair was low over the forehead and in temporal region; large amount of firm fat more or less evenly distributed, with some excess in axillæ, breasts, over abdomen, and in gluteal region; breasts well developed, but not fully so for normal woman. There was some hair on labia majora, with evidence of precocious sexual development. The urinary output was from 1,000 to 2,500 c.c.; temperature was continuously subnormal. Her metabolic quotient was above the normal. An X-ray examination showed an approximately normal sella. Her mental age was 7.5 years—a retardation of 4.5 years.

Four hundred grammes of sucrose were given without producing glycosuria, and with a 40-mgrm. fall in blood-sugar; similarly, 325 grm. of glucose gave no glycosuria and a fall of 15 mgrm. in blood-sugar.

The authors consider that there was hyperfunction of the anterior lobe, resulting in skeletal overgrowth, and the posterior lobe deficiency completes the syndrome, and accounts for the high sugar tolerance, adiposity, subnormal temperature, somnolence, and dry skin.

The child was treated with pituitary whole-gland extract up to gr. 100 *t.i.d.* without glycosuria following the injection of 200 grm. of glucose. The blood-sugar became more normal and the dose of extract was decreased; several weeks later an essentially normal sugar tolerance was reached, and the authors consider it a fair conclusion to state that the patient has had the two outstanding signs of hypopituitary disease removed, *viz.*, the weight has decreased and the sugar tolerance has become normal. The mental condition has markedly improved.

It is interesting to note that administration of thyroid extract in small doses caused symptoms of thyroidism and the drug had to be discontinued.

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*Trauma and other Non-Luetic Influences in Paresis.* (*Journ. of Nerv. and Ment. Dis.*, August, 1920.) Osnato, N.

Case-histories are given which tend to show that head injuries (9 cases), emotion (1 case), doubtful traumatic factor plus infection of the bladder and bed-sores (1 case), influenza with pneumonia (1 case), and prolonged etherisation (1 case) may acutely precipitate paresis in an individual already suffering from cerebral or general syphilis, or adversely affect an existing paresis. Tanzi and Lugaro believe that an endogenous or exogenous element intervenes in the cases of cerebral syphilis to produce an alteration in the permeability of the blood-vessels, allowing a continuous passage of spirochætes and their toxins into the ectodermal tissues and thus transforming syphilitics into paretics, and that the difference between the syphilitic cerebral processes and those of paresis are explained by the difference in the site of the infecting organisms. They do not agree with the theory of various French authors