ENDOCRINOLOGY.

[116] Further experiences with the epinephrin hypersensitiveness test, with especial reference to 'diffuse adenomatosis' of the thyroid gland.—EMIL GOETSC. Endocrinology, 1920, iv, 389.

It is well known that the symptoms of exophthalmic goitre, other than the ocular signs and gross thyroid enlargement, are frequently present in various morbid states, among which may especially be mentioned early tuberculosis, neurasthenia, and allied conditions. The object of the author is to determine in which of these conditions hyperthyroidism is present. For this purpose he makes use of the epinephrin hypersensitive test, which is positive in hyperthyroidism and always negative in its absence. The test is considered to be positive when, after injecting 0·5 c.c. of 1–1000 solution of adrenalin chloride (Parke, Davis & Co.), a rise of ten points occurs in the pulse-rate, or systolic pressure, or both, associated with various subjective changes which are not described.

The writer has collected fifteen cases, the main symptoms in which were mild tachycardia, asthenia, nervousness, sweating, and tremor. The metabolic rate was normal, whereas the test above described was positive in all. In all cases, resection of three-quarters of the thyroid substance was advised and performed. The after-histories are admittedly short, ranging from three to twelve months; all the patients except one were improved, some of them to quite a remarkable extent.

The anatomical changes in the thyroid are peculiar. The gland is moderately enlarged without, however, containing actual nodules, and is in many cases adherent to the perithyroid structures. The alveolar epithelial cells are not increased as in exophthalmic goitre, but are reduced in size and quantity, the glandular acini being small and irregular in shape. The interstitial cells, on the other hand, originating from the focal cells of Wölfler, are increased throughout: these cells are large, with clear protoplasm and a round vesicular nucleus. This increase is diffuse and not focal, and no adenomata are present, but accumulations of lymphoid cells are a prominent feature. The vascularity of the gland is not obviously increased.

To this condition the name 'diffuse adenomatosis' is applied by the author, who regards it as a definite pathological entity, hitherto overlooked, and characterized clinically by a mild but chronic hyperthyroidism.

J. L. BIRLEY.

[117] The effects of inanition upon the adrenal bodies.—SWALE VINCENT and HOLLENBERG. Endocrinology, 1920, iv, 408.

This is a preliminary communication arising out of McCarrison's important discovery that in pigeons inanition is associated with a remarkable enlargement of the adrenals. The authors carried out experiments on pigeons, rats, and dogs, and confirmed the existence of adrenal hypertrophy after varying periods of inanition. The question whether the hypertrophy is one of cortex or of medulla, or of both, remains unsettled.

J. L. BIRLEY.