[65] Non-specific stimulation therapy in tabes dorsalis.—E. H. AhlsweDE. Arch. of Neurol. and Psychiat., 1924, xii, 80.

The author concludes that the therapy of tabes dorsalis depends essentially on a careful balance between specific and non-specific measures, while particular stress must be laid on an extreme exploitation of the defensive reactivity of the body in general. Non-specific protein stimulation is indicated previous to all specific measures. The biologic reaction of the patient requires regular control to ascertain when the maximum stimulation has been attained and to avoid 'proteinogenous tiring.' For antisyphilitic therapy, bismuth compounds (oxibenzoic acid compound of bismuth) and organic iodine compounds are particularly indicated on account of their additional non-specific coefficient.

R. M. S.


In investigations upon children in connection with the Kottman reaction for thyroid activity, the authors found that 10 per cent. of their cases of chorea showed deficient thyroid activity. These chorea cases were treated with thyroid with remarkable results.

M. A. B.

Endocrinology.


The author reviews the literature on this subject. Apert (1910) distinguished five types of hypernephry: (1) of the embryonal period (hermaphrodism); (2) of the later fetal period (large clitoris, uterus and ovaries atrophied, etc.); (3) of the prepuberty period (abnormal body development; pubertas praecox, etc.); (4) of maturity (amenorrhoea); (5) of the menopause (adipositas, indistinct clinical picture). The earlier the condition develops the more marked are the changes. The most constant symptom is hypertrichosis. Nearly all the cases occur in females. There is no recorded case in an adult man (Boehm found twelve cases of pineal tumour, all in boys). Collett found twenty-one cases in children, including his own case; four of these were in boys in whom premature development of body and external genitalia without premature potency occurred, but with no sex changes. In girls menstruation as a rule is not early. The development of the body may be manifested either as obesity or as great muscular growth ('venfant Hercule'). Hair growth in girls is generally of the masculine type.

The tumours are of the suprarenal cortex only; the condition may also occur in hypernephroma of the ovary and in the accessory suprarenal glands in the broad ligament. The suprarenal cortex and the sex glands both arise in the coelomic epithelium, where they are early so closely associated as to be indistinguishable from each other (Soulie). The syndrome is thought to be
due to hyperactivity of the cortex, but Krabbe holds that the tumour develops from sex cells of masculine type which in early embryonic life have been involved in the suprarenal gland cortex, thus explaining the occurrence of a 'masculine puberty' in girls. Investigations have shown that while the testis is developed from the original undifferentiated germ of the sex glands, the ovary passes through a stage in which the cortex is feminine while the medulla is testicular, and it is the medullary part of the ovary which is closely associated with the suprarenal cortex.

Collett's case was that of a girl of normal weight at birth, whose teeth began to appear at five to six months. Genital hair appeared at six to eight months. At eleven months the hair became thicker and extended over the trunk and extremities; the voice became deep and rough, and the body heavy and fat. Mentally the child was lively. When seen at one and a half years she could not stand or walk; height, weight, and size of head were well above the average. The skin, normal elsewhere, was red and sore on the cheeks, with a few short hairs. Subcutaneous fat was well marked. There was no abnormal pigmentation. The hair on the vulva had a horizontal boundary above; the axillary hair was absent, but there was a dark growth of hair on the thighs, shoulders and back. The external genitalia were well developed; the clitoris was penis-like, 1 ½ cm. long, with anterior prepuse and urethral furrow. The urethral orifice was normal, as were the internal genitalia. Mammæ were absent. Ossification was advanced (three years). The right kidney was palpable but normal. A tumour was felt above and connected with the left kidney. The patient was treated with thymus gland for seven months and improved. She was re-admitted with less fat and less hair. The tumour was removed (the child being two years old), and proved to be a typical long-standing hypernephroma, showing degeneration. One or two years later all abnormal hair had disappeared except scanty short hair on the labia; the face was less bulging, its skin childlike. The peniculus was smaller, the body was thinner, the voice deep but no longer hoarse. This is the first recorded case of a child surviving operation.

M. A. Blandy.

[68] Ovarian secretions and mental troubles (Troubles mentaux et sécrétion ovarienne).—M. P. Combe Male. Press méd., 1924, iv, 44.

Two cases are quoted illustrating the author's views. One patient, aged forty, was a manic-depressive who was interned for the fourth time in four years. Her heredity was highly neurotic. After removal of her ovaries her disposition was much modified. She became changeable, and open outbreaks were manifested. The administration of ovarian extract is said to have materially cut short the last outbreak. The other case was a constitutional paranoiac, who periodically for ten years had spells of excitement with some delusional persecutory ideas. Some dysovarism existed. Ovarian extract acted as a sedative, but as soon as it was suspended the morbid manifestations reappeared. This observer recalls former studies on the influence of the ovarian extract upon mental abnormalities and lays stress on recent ideas about genital endocrines which he thinks tend to throw more precise light upon the relation of the ovary to the psyche.

C. S. R.