Endocrinology.


The endocrine glands are the dominant factors in determining bodily structure. Psychiatrists should bear in mind that the correlation between structure and function long noted by physiologists includes both mental and physiological functioning. Disturbances in glandular function may lead to abnormal conduct reactions either directly or indirectly: directly, as in cretinism, where the lack of thyroid secretion is responsible for the mental retardation; indirectly, as in those cases in which as a result of physical malformation, such as midgets and giants, the individual develops abnormal mental attitudes and personality traits which make normal social adjustments very difficult if not entirely impossible. The close relationship existing between endocrine disturbances and delinquency, incorrigibility, sexual perversion, crime and other antisocial states has been demonstrated in a sufficient number of cases to warrant the statement that no study of a child who presents a behaviour difficulty is complete without a thorough study of the glands of internal secretion.

C. S. R.


The two cases reported are typical of the condition.

It is of interest that both had an extreme redness of hair and that one case had a deformity of the larynx comparable to that found in cases of congenital laryngeal stridor.

E. A. C.

The authors describe two cases of this malady occurring in one family. In one, cretinism was early observed; at school the patient was backward and at the age of 21 developed a peculiar gait. When she attempted to speak she stuttered and there were marked associated movements of the face and upper limbs; there were flexor movements of the trunk and hips; extensor plantar responses were present, while the feet showed a typical pes cavus. In the other case, also that of a cretin, the feet were reminiscent of pes cavus and the plantar responses were sometimes extensor in type.

They have abstracted the literature on the subject and show that nothing specific is known as to the pathology of the disease.

E. A. C.


The writer’s view that mongolism is caused by foetal hyperthyroidism ceasing at birth is based on the theory that if the known actions of hyperthyroidism on the embryos of animals were at work on the human foetus, the characteristic features of the mongol would be produced. Foetal hyperthyroidism could not fail to cause abnormal endocrine inter-reaction, and it has been said that in every mongol some endocrine disturbance can be demonstrated. The general arrest of growth and development, including that of the skull and brain, can be thus explained. The coincident congenital anomalies could be similarly accounted for. If the retarding actions of thyroid on growth and development affected a part of the embryo when it was recapitulating a pre-human stage of its evolution, it is conceivable that resemblances to pre-human features might result, which would explain the so-called ‘reversions.’ Hyperthyroidism and the mechanics of exophthalmos, with Moebius’s sign, occurring during antenatal life and ceasing at birth, would account for the changes in and around the eyes of the mongol. The usual explanations given to account for the characteristic tongue are not in conflict with a hyperthyroidic theory, but in Clark’s view the mongol’s tongue results from participation of the tongue muscles in the general muscular hypotonus. The incidence of mongolism in twins suggests the possibility that the placenta may be at fault, and it would be interesting to determine what effect feeding thyroid to pregnant mammals would have on the offspring.

C. S. R.