

the adrenal ascorbic acid levels were high and depletion under stress was reduced, the depletion effect of histamine being greater than that of corticotrophin, suggesting some changes at both the pituitary and adrenocortical levels.

After discussing the various mechanisms involved in these reactions, the authors conclude that the reversible stage of cirrhosis is associated with normally functioning adrenal glands, or glands which can still respond by showing further activity when exposed to stress. Irreversible cirrhosis is associated with functionally damaged adrenal glands.

In the second part of this study albino rats were given carbon tetrachloride as above. From the 8th week onwards batches of six rats were isolated each week and given no more carbon tetrachloride, but instead each received a daily intramuscular injection of cortisone acetate as follows: 5 mg. per day for 6 days, 10 mg. per day for 3 days, and finally 5 mg. per day for 2 days; 3 days after completion of these injections the experimental animals were killed and they and the control animals examined as in the first part of the study. The results showed that cortisone assists in the regression of hepatic cirrhosis only during the period in which the condition is naturally reversible, but that the hormone has no effect on the later irreversible stages once "mature fibrous tissue" has been laid down. *B. G. Maegraith.*

**Some Eye Changes developing during Treatment with ACTH.** [In Danish.] LARSEN, V. (1956). *Ugeskr. Laeg.*, **118**, 807.

A 49-year-old woman with lupus erythematosus disseminatus treated with ACTH presented pronounced

retinal changes similar to thrombosis of the central retinal vein. In a 38-year-old woman with a similar disease receiving similar drugs, the blood-pressure rose and she showed increasing fundus changes of a hypertensive character and myopia. A 43-year-old woman with chronic polyarthritis suffered a retinal haemorrhage and slight increase in myopia during treatment with ACTH. A 70-year-old woman with polyarthritis showed macular oedema during such treatment. *G. von Bahr.*

**Influence of Light on the Urinary Output of 17-Ketosteroids.** (L'influenza della luce sulla eliminazione urinaria dei 17-chetosteroidi). SILLATO, F. (1955). *Atti XLI Cong. Soc. ofal. ital.*, **15**, 426.

**Comparative Investigations on the Influence of Cortisone and Prednisone (M.S.D.) on the Content of Sodium and Potassium in Sweat.** [In English.] GRØNBAEK, P. (1956). *Acta rheum. scand.*, **2**, 170. 3 figs, 13 refs.

**Experimental Study of the Haematopoietic Action of Antirheumatic Corticosteroids.** (Etude expérimentale de l'action hématopoiétique des corticostéroïdes antirhumatismaux). CECCHI, E., CONESTABILE, E., FERRARIS, F., and SPAHR, J. (1956). *Schweiz. med. Wschr.*, **36**, 1287. 2 figs, 38 refs.

**Comparative Clinical Observations on the Antirheumatic Activity of Cortisone, Prednisone, and Prednisolone.** (Osservazioni cliniche comparative sull'azione anti-reumatica del cortisone del prednisone e del prednisolone). DANEQ, V. (1956). *Reumatismo*, **8**, 285. 11 refs.

#### CORRIGENDUM

In the article by Dr. J. Rotés-Querol entitled "Osteo-articular Sites of Brucellosis", which appeared in the March issue of the *Annals* (1957), **16**, 63, col. 2, line 33, for 'Osteophytes' read 'Osteo-articular sites'.