myotonia making its appearance, but that the absence of myotonia may even be a characteristic of the disease throughout a family. He gives particulars of a family in which three brothers were affected with the disease: in two of the brothers no evidence of myotonia could be found; in the third, myotonia was absent, except that a myotonic 'dimpling' to percussion was obtained in the tongue and in the muscles of the thenar eminences. Two of these patients, and a fourth brother, suffered from cataract, and cataract had occurred in four members of the previous generation, so that even without evidence of myotonia, with the characteristic distribution of the muscular wasting, the facial appearance, and the frontal baldness, the diagnosis was certain.

J. P. Martin.


The case is that of a girl of sixteen, with the usual cutaneous manifestations of Recklinghausen's disease. In addition, slight atrophy of the hands and progressive spastic paraplegia were noted. Excision of one of the peripheral nerve tumours showed it to belong to the sub-group of neurinoma; it consisted of marked overgrowth of myelinated nerve-fibres, with none of connective tissue, glial tissue, or ganglion cells. Operation revealed two tumours at the level of the cervical enlargement, intradural but extramedullary. Death ensued seven days after the operation. At the necropsy tumours were found on the under-surface of the cerebellum, in the thoracic spinal cord (intramedullary), on some of the dorsal roots, in the cauda equina, on the inner aspect of the dura, and notably in the wall of the colon, presumably developing in connection with the plexus myentericus. Numerous tumours were found as spindle-shaped swellings on many peripheral nerves. All, without exception, and whatever the site, belonged histologically to the interesting class of neurinoma, as described by Verocay.

In a number of cases of neurofibromatosis complicated with spinal growths, the latter have belonged to a different class from the former (glioma, fibroma, fibro-endothelioma, etc.).

S. A. K. W.

PROGNOSIS AND TREATMENT.


From a study of twenty-eight cases in Nonne's clinic, Wülffenweber concludes that in cases of syphilis showing pupil changes only, the prognosis is very favourable when the cerebrospinal fluid is normal, and rather doubtful, but not definitely unfavourable, when the fluid shows alterations.

J. P. Martin.

This is a study of fifty-six cases which, when first seen, had presented no signs whatever of nervous disease, but had changes in their cerebrospinal fluids, and which were afterwards followed for a varying number of years. The average period between the date of infection and the date of the last examination or of death was 18·8 years.

It is estimated that of all syphilis 5 to 6 per cent. develop tabes or G.P.I. (Matthes, Erb); but Fuchs found that of his fifty-six cases with changes in the cerebrospinal fluid 10½ per cent. developed tabes or G.P.I., another 7½ per cent. developed nervous disease of some kind, while 5 per cent. more died of syphilitic disease of the blood-vessels. Two-thirds of all who were affected showed signs between the seventh and twentieth years after infection, and these cases tended to progress more rapidly than those whose first signs appeared after a longer interval. The older the individual at the time of infection, the greater the probability of nervous disease and the more severe its course.

The number of cases examined altogether was 131, but it was only possible to follow fifty-six; it is interesting to note that in 29 per cent. of the 131 cases the Wassermann reaction was negative in the blood, though all the patients had changes of some kind in the cerebrospinal fluid.

J. P. Martin.


Cures and remissions of G.P.I., often after periods of suppuration, have been described in the literature for the last 100 years. The recognition of the syphilitic origin of the disease has led to treatment by antisyphilitic measures, both old and new, but these have done no more than delay the fatal issue.

The treatment of G.P.I. by Koch's tubereulin seemed to produce more remissions and delay the course of the disease. Doses of 0·5 grm. and even 1 grm. produced good results; better results still were obtained with typhus vaccine, and in 1917 the author started to inoculate cases of G.P.I. with the blood of patients with active tertian malaria. Of the nine patients so treated, the six whose cases were of an early type are still actively at work. Since then others have been successfully inoculated, one from another. One to four c.c.m. of blood taken from a paretic during an attack of fever is injected subcutaneously under the skin of the back. Later experiments have shown that blood taken from a patient between the attacks is equally efficacious. Most cases showed typical malaria after an incubation period of six to thirty-six days, but a few seemed immune after repeated inoculations. After nine or ten attacks quinine treatment was started, and at the same time six weekly injections of neosalvarsan were given. The inoculated
malaria was much more easily cured by quinine than that caused by the bite of the anopheles, probably because of the asexual propagation of the plasmodium.

Complete remission occurred in more than 50 per cent. of the pareties selected for treatment. Disturbances of speech and convulsive attacks are specially benefited by the method. There was no alteration in the serum and fluid reactions, so it may be said these reactions have only a diagnostic and no prognostic value.

In the second paper the author reviews the literature and describes five cases of his own. Of these one died, but the others improved and three remain quite well to date.

R. G. Gordon.

Endocrinology.


The case described is that of a man who died in 1921 at the age of thirty-five, after having for the previous fourteen years presented the ophthalmological picture of a pituitary tumour. He had constant headache, bilateral optic atrophy and homonymous hemianopia. In 1909 the right nasal field was reduced, and the left temporal field retained only perception and localization of light. Under treatment by x-rays in 1910 vision improved. The right nasal field enlarged to its normal size, and some colour-vision returned in the left temporal field. After this the patient was not seen again until a week before his death, which resulted from influenzal bronchopneumonia in January, 1921. In the interval he had continued his usual occupation of postman; apparently a fair degree of vision was preserved; he had a tendency to adiposity, but showed none of the signs of acromegaly.

The post-mortem examination revealed an enormous pituitary tumour which measured $7.5 \times 5 \times 4$ cm., and weighed 60 grm. It had hollowed out the sella turcica, which extended backwards as far as the jugular foramen. The structure of the tumour is described as an 'atypical epithelioma' of the pars anterior, and appears to resemble the majority of tumours of this part of the pituitary body. The thymus and thyroid glands were both large, and showed evidence of proliferation. The testicles were small and appeared to be undergoing premature senile atrophy.

The authors comment on the long duration and slow progress of the symptoms, which facts, along with the visual improvement, they attribute to the effects of radiotherapy. The case is not otherwise very noteworthy, but it exemplifies the close relationship which exists between the pituitary body and other ductless glands.

J. G. Greenfield.