

Marked consolidation of an entire lobe.

Or disseminated areas of beginning cavity formation.

Or serious complications.

*Miliary Tuberculosis.*

## 2. ON DISCHARGES.

*Apparently Cured*.—All constitutional symptoms and expectoration with bacilli absent for a period of three months; the physical signs to be those of a healed lesion.

*Arrested*.—Absence of all constitutional symptoms; expectoration and bacilli may or may not be present; physical signs stationary or retrogressive; the foregoing conditions to have existed for at least two months. (Intended to cover all cases including those where the patient leaves contrary to advice after a stay of a few weeks, active symptoms having disappeared shortly after admission.)

*Improved*.—Constitutional symptoms lessened or entirely absent; physical signs improved or unchanged; cough and expectoration with bacilli usually present.

*Unimproved or Progressive*.—All essential symptoms and signs unabated or increased.

*Died.*

## 3. ULTIMATE RESULTS.

*Cured*.—All constitutional symptoms and expectoration with bacilli absent for a period of two years under ordinary conditions of life.

*Well*.—Patients who fulfill all the conditions required under "cured" but about whose sputum no definite information can be obtained.

*Arrested*.—See above.

*Improved*.—See above.

*Progressive*.—See above.

*Dead.*

## ADENOIDS IN ADULTS.

O. Orendorff, Canon City, Colo. (*Journal A. M. A.*, September 25.), says that we are liable to fail to recognize adenoids when they occur in a well-developed, healthy adult, of age anywhere up to 50. The following is the usual history: There was catarrh in childhood with symptoms of nasal obstructions,

perhaps following an attack of scarlet fever with prolonged recovery. During adolescence the symptoms gradually lessened but left symptoms of chronic catarrh of which the patient still complains. Inspection shows the usual highly arched palate with the "adenoid fringe" of its remnants, and the fauces or pharynx covered with a slimy, sticky mucus. The lingual papillæ are enlarged and there are nodules on the posterior walls—"granular pharyngitis." In his experience, Orendorff says he has never failed to find this nodular condition high up on the posterior wall, in patients over 15 years of age. The tonsils are usually sclerotic and the examining finger or mirror shows the disease to be more fibrous than in children with less of the fishworm character, but invariably more voluminous than would at first appear. These patients are generally treated for catarrh and what may be called "office suggestion" until they get tired of it. In average practice there should be four or five well defined cases met in a year. He reports and illustrates a typical case which had been overlooked by several good general physicians and by at least one specialist of reputation. When recognized, it was not relieved by the first operation and for no other reason than that it seemed too simple to call for a careful technic. The next day the voice was still muffled and the mass in the nasal pharynx was apparently as large as before. Evidently the tumor was bifurcated and the anterior portion was pushed forward into the posterior nares at the first operation. A second operation was successful. Adenoids in adults are not common, as they usually disappear before maturity, but, when they do not disappear, their character changes from those of childhood. The patients are really sufferers and there is no good in sprays or local applications or internal treatment. Results of complete operation are satisfactory and permanent.

## PITUITARY TUMOR.

Archibald Church, Chicago (*Journal A. M.*

*A.*, July 10), reviews the literature and a number of the theories of the pituitary function, and calls attention to the apparent dependence of genital growth and function on the pituitary, which, he says, furnishes us an important diagnostic set of signs and symptoms in cases unattended with acromegaly. While the symptoms in this condition may embrace all those of ordinary brain tumor, they are commonly and probably always at first, restricted to a few definite indications which, with the aid of the x-ray, makes diagnosis a certainty. Hypophysis tumor when occurring in children and not producing acromegaly, stunts the growth and especially the sexual development. The mental qualities may not be specially affected. Owing to the pressure of the tumor on the chiasm, vision is affected sooner or later and optic atrophy sooner or later is developed. In the early period the atrophy is limited to the nasal half of the disc, and this is attended, and even preceded, by loss of vision in the corresponding half of the field. Bitemporal hemianopsia is practically always due to involvement of the posterior portion of the chiasm and its detection leaves hardly any doubt of pituitary disease. The rudimentary condition of the genitals or the loss of genital function in older persons has a definite significance. To these may be added the occasional development of painful adiposity and acromegaly. By the x-ray we can clearly outline the sella turcica and detect any enlargement. The question whether a diagnosis of pituitary growth justifies attempt at surgical removal, here arises. If, as Paulesco and Cushing insist, life is impossible in dogs without the pituitary, and it had not been shown that it is not thus indispensable in man, surgery would be out of the question. Horsley has operated on a number of cases by opening the right side of the skull, the steps of the operation being similar to those for extirpation of the trifacial ganglion. Then the temporal sphenoidal lobe is lifted with spatula-like retractors and the tumor exposed. This operation presents serious difficulties. A sec-

ond method has been developed by Schloffer, by way of the nose and sphenoidal sinus, and this has been done in a few cases with some success. According to Church's opinion, the nasal route is the best, as the pituitary tumor is practically extracranial, at least in many cases, the X-ray in his own cases showing it to have actually descended into the sphenoidal sinus. By this route it can be reached without the severe handling of the brain involved in the lateral operation. The fact that the nasal operation causes a deformity, a deep depression being left at the root of the nose, is an objection, but cosmetic considerations are secondary in a life-saving operation. Improved technic may also largely obviate this objection. Six cases were reported in three of which operation was performed. Two of these were performed in Europe by Horsley and Eiselsberg respectively. The other was performed in this country by McArthur by the lateral route, which was also followed by Horsley. Two of the patients have survived, at least for a while after the operation. Horsley's patient returning to this country where he died, and Eiselsberg's doing well at last report. McArthur's patient rallied well after the operation, but relapsed later. To these six cases a number could be added, says Church, as coming under his observation, accompanied with acromegaly. Of course there was in such no question or difficulty in the diagnosis. It is much more important that the surgeon, the ophthalmologist, and the neurologist should recognize that a pituitary tumor may be present without association with acromegaly and can be diagnosed. Experience shows that removal of the pituitary gland is indicated since, in the first place, its removal furnishes blindness, and in the second place, seems to hold out some hope for the cure of other inconvenient symptoms. The article is illustrated.

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MEDICAL EDUCATION—STATISTICS FOR 1909.

*The Journal A. M. A.* of August 14, 1909, the annual Educational Number, contains sta-