gation into the descendants of the syphilitic would be of enormous value, especially in view of the fact which has come out in this paper, to wit, that the syphilitics marry in about the same ratio as does the general population.

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The President, DR. WILLIAM M. LESZYNSKY, in the Chair
MYXINFANTILISM DUE TO PITUITARY DISEASE

By H. Climenko, M.D.

Dr. Climenko classified the case as myxinfantilism of the Brissaud type, with clinical symptoms of hypopituitarism, although Brissaud had held the thyroid responsible for the disease. The patient, a girl, 11 years old, was first seen in March, 1916. Family history showed that the father, sisters and brothers were of unusually large size. The mother had a protruding chin. She had had two miscarriages and there was also a history of tuberculosis on the father's side. Repeated Wassermann tests of the mother and child were negative. The patient was normally born, breast fed, and, according to the mother's statement, the child spoke at one year, and began to walk at two years. There was delayed teething, the teeth beginning to come at two years. At the age of two the mother noticed that the child was smaller than average children and she applied to a hospital. Powders were prescribed there, which, according to the mother, helped the patient a good deal. The nature of the powders could not be ascertained. The child was brought to Dr. Climenko because she did not grow, was backward in school, and was behind children of her age. There was no abnormal mentality. The patient showed the appearance of a child of four years; facial expression was intelligent. The face and mucous membranes were pale; there was an increased layer of adipose tissue; the abdomen was protruded, and the umbilicus was down as low as that of the infantile type. The cranial nerves gave negative findings; the optic discs were rather pale, but there was no change in the visual fields, and acuteness of vision was normal. Reflexes and lungs were normal. Heart showed a systolic apical murmur not transmitted. Weight 46 lbs.; height 98 cm.; circumference of chest 59 cm.; circumference of abdomen 63 cm. The X-ray showed an encroachment upon the cavity of the sella turcica by bony projections from the anterior as well as the posterior walls of the sella. A peculiar mottling of the frontal and parietal bones was shown. The anterior fontanelle was not completely closed. After 200 gm. of glucose given on a fasting stomach there was no sugar in the urine, nor was there sugar obtained after five drops of 1/1,000 solution of adrenalin. The blood count showed hemoglobin 60 per cent., 3.5 million r.b.c., and 6,000 w.b.c. The color index was normal, nor were any abnormal cells seen. The skin was always dry and the thyroid gland could not be felt. A Binet-Simon test showed that the intelligence was that of a child of seven years, but the arithmetical part was very poor. The child had been put on pituitary extract and had gained two pounds in eight weeks.

Dr. Walter Timme said that there was no doubt that the pituitary played some part in the syndrome, nevertheless he did not think it played the chief part. He felt that the condition was a polyglandular affair with secondary pituitary symptoms. The child showed a marked dysthyroidism with signs such as the long finger-nails, puffiness of the hands, pallor of the face, and subcutaneous infiltration. Behind these symptoms and behind the pituitary portion of the picture there could be seen something which could account for the low red blood cell count. It would be noticed that there was present

a brownish yellow coloration of the face and marked brownish pigmentation of the parts of the body subject to pressure, such as the line where the skirt band had compressed the body. This could be attributed to a suprarenal condition. The infantilism was evidently suprarenal in origin. In cases of suprarenal deficiency there were also seen secondary thyroid and pituitary characteristic changes, as shown in this case. Many cases were improved as far as general health, blood picture and metabolic picture were concerned, by very small doses of suprarenal gland and thyroid, and the pituitary could then be left to take care of itself, which sometimes it did, when there was no intense change in the blood picture. In cases where the actual stature was small, but there was no change in the proportions of the various parts to one another, nothing could be done to change the dwarfism. These cases were usually normal mentally and physically. This case evidently showed a polyglandular disturbance on a suprarenal basis.

Dr. Climenko in closing the discussion said that one did not know where to begin or end in the discussion of such cases. They presented a very fruitful field for the imagination, for discussion and for theorizing. One man would say that the pituitary was involved, another one would say with equal certainty that there was diminution of the thyroid, and another man would say something else, while others would agree with Dr. Timme that the condition was polyglandular. Lorraine had stated that the condition was due to infectious disease. Virchow had thought that the condition was hypoplasia of the entire vascular system. This child had gained in weight on pituitary extract.

A CASE OF CEREBELLAR TUMOR SHOWING OPERATIVE RESULT, AND ILLUSTRATED BY MOVING PICTURES

By Adrian Van S. Lambert, M.D.

The patient, a boy, 14 years, was admitted to the Presbyterian Hospital. For six months previous to admission he had complained of deafness in the right ear, and for two or three months he had had progressive difficulty in walking. For several months he had had poor vision in the left eye. For one month he found his speech was thick and had difficulty in making people understand him. He had had frequent headaches, beginning in the morning and lasting all day. There had been short periods of unconsciousness during which he had seated himself; there had been no falls or convulsions as far as he knew. On admission a diagnosis of cerebellar tumor in the right lobe was made, based on the following facts in his history and physical signs which he presented on examination: severe headache; attacks of possible petit mal; double choked disc; progressive disturbance in gait; right-sided ataxia; dysmetria; adiadochokinesis; right facial weakness; right internal strabismus and right-sided deafness. In addition he showed complete absence of caloric test on both sides, which was explained on the ground of torsion of both eighth nerves. The operation was as follows: A cross bow incision was made and the occipital bone was removed to the foramen magnum below curved line. The right hemisphere protruded more than the left. The right cerebellar pontine angle was exposed and showed normal condition. Incision into right cerebellar hemisphere demonstrated presence of tumor, which was enucleated by the finger following definite line of cleavage. The cavity bled profusely and was packed with gauze. Course: gauze out on third day p.o., out of bed eighteenth day p.o., shown on twenty-fourth day p.o.

Dr. Lambert showed motion pictures illustrating the symptoms of this case before operation. The pictures showed excursions in gait (migration to the right); the side-step (Schueller) test; the patient walking on his toes; difficulty in starting on the right leg; impossibility of maintaining bal-