ARTICLE VI.

SINGULAR CASE OF ABSENCE OF ADIPOSE MATTER IN THE UPPER HALF OF THE BODY.¹ By S. WEIR MITCHELL, M.D., of Philadelphia.

WE see very often loss of fat in some local trophies, but this defect always accompanies like changes in the muscular masses. The following case, however, seems to point to the possibility of the existence of separate centres capable of restraining the deposits of adipose matter of normal amount, while yet the skin remains healthy as to texture and the muscles strong and of unaltered bulk.

In the present most valuable example of disease the skin and muscles are as to nutrition in good order, but the fat of certain regions is almost completely absent in the upper half of the body; at the same time there are in both arms places where there is some analgesia, a fact which points like a finger-post to the probability of the site of the defect of fat deposit as being in some portion of the posterior segment of the cord.

B. C., æt. 12, school-girl. Family history good; two other children in family, both healthy. Patient was a bottle-fed baby; dentition was regular and normal; did not walk until over two years old; was quite fleshy at the time, and wore braces on account of weak ankles. Whooping-cough when three months old.

With these exceptions the child was considered perfectly healthy until the winter of 1878; she then "took cold," and had a quite severe cough, with considerable expectoration; this attack lasted two or three months, and left her weak and somewhat emaciated. During the next summer and winter the emaciation continued to increase, and this was particularly noticeable in her face, which alone at that time attracted her parents' attention.

In the autumn of 1879, it was noticed for the first time that the legs, buttocks, and abdomen did not share in the marked wasting of the face, arms, and trunk.

About this time, and later on in the case, free perspiration, particularly of the trunk and neck, but also of the forehead, arms, and feet, was observed, both during the day and night; this at times was so marked that treatment was instituted to arrest it, but without success.

Since then the child has grown in breadth and height, although the emaciation has continued unchanged. She has been well able to keep up with her school-fellows in their studies, and physically has been rather more active and vigorous than her playmates.

Present Condition.—The child is four feet one-quarter inch in height; she is uncommonly bright, and, with the exception of the emaciation, seems in perfect health; her appetite, digestion, bowels, and sleep are normal; teeth good; no signs of rachitis. Upon stripping her it is seen that there is an almost total absence of fat in the upper part of her person; this is most notable in her face, which has a haggard appearance and looks like that of an old woman; her arms are very thin; the chest is also emaciated; the breasts exhibit, however, some signs of development, and offer a curious contrast to the bony frame on which they lie. The muscular masses

¹ Communicated to the Philadelphia Neurological Society, March 23, 1885.

stand out in remarkable relief because of the lack of fat, and are, I think, fully developed.

In marked contradistinction to this condition of the upper part of her person is the appearance of her abdomen, buttocks, and legs; these are plump, and present all the appearances of belonging to a very well-nourished child. In the thighs, the thickness of the skin and connective tissue as grasped between the thumb and finger seems to measure about half an inch; there is no pitting, although the tissues appear rather denser than usual. The color of the skin is everywhere good, and there is no mottling or change in temperature from the normal. The hair is light in color, is devoid of much natural moisture, and there is a marked tendency to the collection of dandruff. No change in the nails was noticed. The grasp of both hands is good, even more powerful than usual for a child of her age; she is strong, and is able to suspend herself for some time by her hands with her arms flexed, and while in this position all the muscles of the upper extremities can be plainly mapped out. There is no fibrillary twitching or wasting of the smaller muscles of the hands.

When told to rise from a supine position, she does so quickly, and without any effort or attempt to assist herself by placing her hands on her thighs; there is no curvature of the spine or spinal tenderness, and she can pick up an object from the floor in front of her quickly and with ease. The patellar knee-jerk is present on both sides, alike, and is normal. The abdominal reflexes are likewise good; tapping over the pectorals causes the usual slight fibrillary twitches extending laterally from the point struck; there is no chin reflex.

The pupils are normal in size, alike, and respond freely to light. The eyesight is good.

Over the outer surfaces of the lower part of both forearms towards the ulnar side there appears to be slight analgesia, pin-pricks causing but little feeling of discomfort, and bleeding but slightly. Elsewhere sensation is normal. The power to localize a touch is good even over the region of partial analgesia. Sensation in the legs normal. There are no signs of unilateral or partial flushings of the body or extremities.

Heart-sounds are normal, with the exception of slight accentuation of second sound at right base. Lungs and abdominal organs apparently perfectly healthy. Reaction to Faradic current, normal. Reaction to galvanic current, normal. Urine, normal. Eyes, normal.

ARTICLE VII.

THE PNEUMONIA-COCUS OF FRIEDLÄNDER (*Micrococcus Pasteuri*, Sternberg).¹ By GEORGE M. STERNBERG, M.D., Surgeon U. S. Army.

In this paper I desire to call attention to the so-called pneumonia-coccus of Friedländer, which I shall take the liberty of naming *Micrococcus Pasteuri*. My right to name the micrococcus discovered by Friedländer in the exudate of croupous-pneumonia must depend upon my ability to

¹ Read before the Pathological Society of Philadelphia, April 17, 1885.