and a recent hemiplegia. Early nervous syphilis, while rare, does, of course, occur.

Dr. Burr's case of acromegaly is an exceedingly typical case, classical in its symptoms. The mental condition which seems to be that of a dementia with confusion is very suggestive. These symptoms, which are pronounced in Dr. Burr's case, are often present in acromegaly, but as a rule in a degree so slight that they often escape recognition.

Dr. Lloyd said the case seemed to him to be one of dyspituitarism. This was shown not only by the pronounced acromegalic syndrome but by certain other features, such as the headaches and nose-bleed, and by the retrogression in sexual development.

Dr. J. Hendrie Lloyd read a paper on "Confusional Psychosis Following a Castration for Tuberculous Testicles."

NEURASTHENIC-NEUROPATHIC INSANITY

By F. X. Dercum, M.D.

The patient is a woman, 51 years of age, who gives a negative family history; also a negative personal history up to four years ago. At that time she states that she had a great deal of illness in the family and was obliged not only to nurse but to do the housework at the same time. She went for long periods of time without sleep and finally became utterly exhausted. She noticed one day a small fragment of some hard substance at the base of her teeth in the lower jaw. She does not know what it was, but in reply to questions says she thinks it may have been a loose piece of tartar. She says that she expectorated this fragment, but since that time other fragments have been making their appearance constantly. Now they are not hard but soft. They are white and flaky and they come in enormous number, so much so that she is constantly obliged to work her mouth as though in the act of chewing and to make efforts at swallowing to keep these particles from choking her. Some months after the trouble first began, she consulted a dentist who removed first the teeth in the lower jaw, then the symptoms persisting, all the teeth of the upper jaw; substituting artificial teeth in both instances. However, the chewing and swallowing movements persisted. She then had both of her tonsils removed, which also failed to give her relief, and the movements have continued up to the present day. The patient is constantly grinding her plates together, jaws and tongue are moving ceaselessly, only to be interrupted now and then by an effort at swallowing. She brings with her a small vial containing saliva in which there may possibly be seen a few minute whitish flakes of mucus or epithelium. She states that she is obliged to keep awake at night; that if she sleeps more than two or three hours at a time these white particles accumulate in such number as to choke her and she knows that if she did not awaken she would die from this cause.

The general physical examination of the patient is negative. She is nervous and presents a number of the usual subjective symptoms of neurasthenia. She tires very readily, becomes nervous upon slight provocation and also suffers from various fatigue sensations.

The case illustrates in a typical manner the true elements which enter into a neuropathic-neurasthenic insanity, a psychasthenia so-called. The

French originally applied to this group of affections the term neurasthenic insanities and later, as we know, Janet devised the term psychasthenia. The major element in such a case is doubtless a neuropathy, a neuropathy which is very likely inherent. It is probable that the family histories which we get in cases of this kind as in others, are unreliable as regards the existence of functional nervous and other disturbances. This woman appears to have conducted herself in a rather normal manner until subjected to the very unusual and persistent nervous strain which she describes. We have therefore a neuropathy to which has been added the factor of exhaustion, the result being the evolution of the peculiar symptoms which this patient presents. In other respects the patient appears to be normal. She is not delusional concerning any other matter, and gives a lucid account regarding her daily life and surroundings.

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The President, DR. SMITH ELY JELLIFFE, in the Chair

TUMOR OF THE BASE OF THE BRAIN IMMEDIATELY BEHIND THE PITUITARY BODY

By H. Climenko, M.D.

The patient was a girl, nine and a half years old, of Jewish parentage, born in the United States, who first came under observation on November 10, 1912. The family history was unimportant. Personal history: The patient was delivered instrumentally and breast fed. Teething occurred in the seventh month, and she began to speak and walk when about a year old. She attended school until her present illness, and was of average intelligence. She had whooping cough at the age of four years and measles a year later.

Present Illness.—For the past twelve months the child had suffered from unusual thirst and occasional vomiting, although these symptoms were not of sufficient severity to interfere with her regular school work. The attending physician had not found anything abnormal in the urine. About six weeks ago she developed an alveolar abscess of a right lower molar; the abscess was incised, and a few days later the tooth was extracted. On the following day, ptosis of the right eyelid was noticed, and two days later a similar condition developed on the left side. She began to suffer from intense headaches and profuse vomiting.

Examination by Dr. Climenko showed a pale emaciated child of normal size and good development. Her station and gait were negative. All the tendon reflexes were increased; no Babinski; no clonus. The abdominal reflexes could not be elicited. No sensory disturbances. Smell was unaffected. There was complete bitemporal hemianopsia, with pallor of the optic discs. There was complete ophthalmoplegia of the left eye, and the right eyeball was drawn outward. Both pupils were widely dilated and failed to react to light and accommodation: the other cranial nerves revealed no abnormalities. The heart, lungs and abdominal viscera were negative.