

saw a case where the arm was kept irritated for months by means of chemicals, but Dr. McArthur did not know of any such loss of substance as in this case. Dr. McArthur had marveled that these patients would endure such grave surgical operations for the purpose of exciting the sympathy, admiration or interest of the people around them. He once had a trained nurse at St. Luke's Hospital who had served in the eye and ear department for some time and knew enough to simulate mastoid disease. She permitted her head to be shaved and all preparations made for the operation. A few hours before the operation she was seen by Dr. Church, and he recognized the stigmata of hysteria. He took her temperature and found it normal, and headed off the operation, for which every preparation had been made. The nurse was fully aware of the dangers of a mastoid operation, especially when the inflammation seemingly had invaded the brain, and yet she was willing to have it done.

CASE OF DYSPITUITARISM

By Dr. D'Orsay Hecht

A. E., aged sixteen years; Jewish; single. Was seen for the first time on February 13, 1911, at the request of Dr. Hirschfield. Family history negative. The patient was an only child. There were the ordinary diseases of childhood, none of which was severe or followed by complications.

Present Illness.—Patient's chief complaint was that of being nervous, especially in the hands, so much so at times that he could not hold a glass of water with any degree of comfort. This condition had been apparent for the last two years. The patient stated that when exposed to the cold, and even at ordinary room temperature, the hands got very red and bluish-red as far as the wrists, and the tip of the nose showed a similar discoloration. Pain has never been present, nor paresthetic sensations. The trembling sensation is sufficient to seriously impair the act of writing. Headache is absent; sight and hearing are good. There never has been a history of sore throat or rheumatism. No pulmonary or cardiac symptoms. No urinary symptoms. Appetite good. Bowels regular. Sleeps well at night. The memory, the patient thinks, is poor. The patient has been in this country four years and is in the fifth grade of the public school, at the age of fifteen. Except for his handicap as a foreigner, he did not appear mentally deficient for his age and station of life. He stated that recently he has shown forgetfulness. This, together with his nervousness, made it difficult for him to keep at work. He has never experienced sexual feelings nor indulgence.

Status.—General inspection revealed a tall, slim boy of sixteen; long and thin-waisted; long and lean extremities, giving the impression of a feminine type of skeleton, especially on the part of the pelvis. Head, neck and scalp were negative. Features heavy, of a Russian type. Complexion muddy, with acneiform eruption. Tip of nose markedly bluish—acrocyanosed. Simple acrocyanosis very noticeable in both hands, extending to above the wrists. Suspension of the arms tends to aggravate and deepen the discoloration, and elevation causes the cyanosis to disappear, but only very slightly. The fingers are more elongated and pointed than is usually seen in the male type of digit. Some cyanosis clearly evident in the feet and extending upward well above the ankle.

On closer examination the following findings are noted: Pupils are equal, widely dilated, very mobile; no exophthalmos; no ocular palsies; no nystagmus. Field of vision negative. Fundi negative. Ophthalmoscopic examination negative. The eyelashes of both lower lids have almost completely disappeared, and the everted conjunctival membrane of the lower lids is greatly reddened and inflamed-looking. The cranial nerves are intact. Teeth in fair condition. Tongue does not deviate. High, arched palate. Negative pharynx. Thyroid not enlarged. No adenopathy. Normal respiratory excursion on both sides. Normal pulmonary resonance, save for probably a small patch impaired over the manubrium sterni. At apex of heart reduplication of first sound.

Lower abdomen prominent, due to wide, flaring iliac crests. Pelvis flattened antero-posteriorly. Pubic arch wide. The entire contour of the abdomen and pelvis approached the female type. Abdominal viscera negative.

Genitalia: Penis large, unusually developed for his age, the glans bluish in color. Both testicles are very small—about the size of small lima beans. Not tender to touch (evidently a hypoplasia).

A coarse tremor is noticeable in both hands and forearms in position of rest, and markedly increases on motion. The tremor seems more aggravated on the right than on the left, on testing with water poured from test tubes. The tendon reflexes are all slightly and equally brisk. No Babinski nor clonus. Dorsalis pedis pulse palpable and equal on both sides. A few palpable inguinal glands. No epitrochlears. Sensation normal in all modes. Absence of ataxia of gait and station. Rhinoscopic, otoscopic and laryngoscopic examinations all negative.

Laboratory findings: White blood cells, 24,600; red blood cells, 4,960,000; hemoglobin, 84 per cent.; color index, .86; differential: polynuclears, 69; small mononuclears, 22; large mononuclears, 3; transitionals, 3; eosinophiles, 2; basophiles, 1. Stools negative.

X-ray examinations negative as to skull, thorax and extremities: Picture of pelvis showed a general contraction and female type. The urinalyses made over an extended period of time are most unusual in that the reports show a constant, unfailing levulosuria. Detailed examination will be reserved concerning this finding, but to dismiss doubt as to the positiveness of it, it might be said that the levulose gives the reduction to Fehling's and Nylander's; that it is levorotatory; ferments with yeast; gives phenylhydrazin crystals like glucosazone, and a markedly positive Seliwanov reaction.

Dr. Sydney Kuh said the disparity in the size of the penis and the testicles was remarkable. The large size of the former may be explained in part as the result of a disturbance in circulation. Four or five days ago, when the boy was examined, the penis was very cyanotic. The patient's gait is suggestive of the female gait, although that is probably the result of the peculiar development of his pelvis. In going over his chest there seemed to be a little flatness on percussion over the left portion of the manubrium, and a slight diminution of sensibility on the back of the hand, limited to the radial side—a decreased tactile sensibility. The pain sense seemed to be unimpaired.

As to the pathology of the case, Dr. Kuh hesitated to make a diagnosis. It seems that the boy is a little taller than the average boy of his age. There seems to be an unusual development of the bony structure, although he has none of the typical signs of acromegaly, unless one considers the torus palatinus as such. If the diagnosis of a pituitary lesion

would be considered at all, it might be possible to think of cyanosis and circulatory disturbance in general as the result of a change in the pituitary body. Some believe and others disbelieve that the pituitary extract has an influence on blood pressure. The posterior portion of the gland, probably, has some such effect, so that if one were to consider the case as one of pituitary disease, it might not be unreasonable to seek an explanation of the vasomotor disturbance in the fact that the pituitary gland is affected.

Dr. L. L. McArthur suggested from an examination of the X-ray plate, that there is very probably an enlargement of the sella turcica. If another picture were taken at a little different angle from this, a better shadow would probably be obtained. It has been taken in such a way that one of the glenoid processes of the sphenoid apparently but does not really divide the sella turcica into two parts.

Dr. Hecht had been careful to go over the chest with a view to establishing an area of presternal dullness, and had determined that it might be present to a very slight degree. The radiogram, however, failed to reinforce the physical finding. He had noticed the very slight reduction in tactile sense referred to by Dr. Kuh, but had attributed this degree of impairment to the poor circulatory condition rather than a true sensory deficit. Genuine acrocyanosis without sensory involvement does occur.

Dr. Hecht also believed that the enlargement of the penis was to be construed as of trophic origin rather than due to stasis or vascular engorgement. He had been able to find two cases reported in the literature where the penis was clearly hypertrophied, the testicles in a state of hypoplasia. He did not think that this particular case fitted into the type described by Froehlich, and called by de Lille *dystrophia adiposa genitalis*. Although partial sexual infantilism was clearly present, the obesity remained absent. He thought this might properly be classed as an intermediate form, much as one is compelled to recognize in Basedow's disease certain subtoxic forms and abortive types. In view of the rather startling finding of levulose, Dr. Hecht said that some careful investigations were being carried out by Dr. Strauss as to the metabolism changes. The patient was on a strict diet, with accurate control of the intake and output of food.

As to the interpretation of the skiagraph, Dr. Hecht was disposed to agree with Dr. McArthur that the sella turcica was possibly deeper than normal and slightly enlarged. He had, however, from an analysis of most of the plates that had been shown in connection with hypophyseal disease within the last year or two, come to feel that the sella turcica is capable of considerable variation in size and outline, and would urge that a wide margin for the normal should be borne in mind before determining that a certain enlargement and deformity are pathologic.

SALVARSAN IN A CASE OF PARESIS

By Dr. Ralph C. Hamill

Male patient, age 35, married four years, family history negative. No pregnancy. Typhoid at 16. Nervous breakdown following exposure to the sun five or six years ago. Was dizzy, frequently faint, very weak. palpitation, thought his heart might give out, indefinite depression because of the fear of incurable disease, difficulty of decision, some occipital head