tetany, which seems merely to be a manifestation of rickets, can be cured and arrested by the administration of thyroid extract, it will be very interesting and important to note the effect which thyroid extract (or, preferably, perhaps, thymus extract) has in cases of rickets and laryngismus stridulus.

In thinking over the results of Dr. Young's case several other interesting therapeutic questions have suggested themselves to my mind; but it is useless to theorise or to publish these suggestions until we have further facts.

I repeat that my object in publishing this isolated case is to direct the attention of other physicians to the subject. In the first place, I wish to know whether idiopathic tetany—both the infantile and adult forms—can be cured by the administration of thyroid extract. I hope those members of the profession who happen to have well-marked cases of tetany under observation will try the effect of the remedy and will publish their results.

In conclusion, I have to thank Dr. Young for so kindly placing the case at my disposal.

A CASE OF ACROMEGALY WITH WERNICKE'S DIFFERENTIAL SYMPTOM.

By J. LYNN THOMAS, F.R.C.S. ENG.,
Assistant Surgeon to the Cardiff Infirmary.

THIS case is under the care of Dr. J. D. Williams, of Cardiff, and before it came under his observation the patient was diagnosed as suffering from dropsy and imbecility.

B. K., aged 18, was a strong healthy girl until six years before she came under treatment, when she is reported to have had an attack of Bright's disease. Up to that time she was a bright, intelligent, and very promising child. About four years before she came under treatment she had violent pains in both temples, lost self-control, sang and whistled at odd times, and afterwards her parents noticed her to be dull, forgetful, and to have lost control over the sphincters. She has suffered a great deal at times from temporal and occipital headaches, lassitude, and *tedium vite*. Her eyesight began to fail three years and a-half before she came under treatment, and the large size of her hands attracted the mother's attention about the same time.

It is unnecessary to enter into a detailed description of her general appearance, as it tallies in most aspects with the classical reports of other cases. She has large hands, large feet, large lower jaw, large nasal and laryngeal cartilages. She is 5 feet 9 inches in height, and her voice is rather masculine in type. The circumference of the skull is 23 inches. The thyroid gland is enlarged. There is no evidence of the existence of a thymus gland. The character of the body, including the mammae, is masculine. She has dorsal kyphosis, as is fairly well shown in the photograph. She has never menstruated.

Last January she had excruciating pain along both inferior dental nerves, and she could not smell iodoform and eau de Cologne; but ammonia and other olfactory stimulants of the fifth nerve she could smell.

THE CONDITION OF THE EYES LAST JANUARY.

The following notes made in January, 1895, are very interesting compared with her present condition. She had a slight alternating internal strabismus. The palpebral fissures were equal. The pupils were equal, and their movements harmonious in the sun and shade.

The movements of the eyes were normal in all directions. The right eye was totally blind, and when the left eye was shaded the pupil dilated, and its reaction to light reflected on the retina was *nil*. The left eye was hemianopic on the left or temporal side, and the optic atrophy was not so marked as in the right eye. Like many other patients with defective eyesight, she was surprised to find that her right eye was totally blind. By throwing a pencil of light obliquely on the functionless half of the left retina, there was no contraction of the pupil, therein indicating lesion of the "tract."

By throwing a pencil of light obliquely on the functional

half of the left retina, both pupils contracted "consensually," indicating in my opinion that the lesion is in great probability anterior to the anterior quadrigeminal bodies as the connecting fibres of the centre for "consensual movements" of the pupils is located presumably immediately underneath this region. From reports of the *post-mortem* examination of cases of acromegaly in which the pituitary body was found enlarged, I think that there is very little doubt that the eye symptoms and the anosmia are due to a similar cause in this case.

CONDITION OF EYES ON APRIL 29TH, 1895.

The left eye is *in statu quo*; the right eye is now hemianopic on the temporal side. So that now we can further localise the cause to a lesion of the decussating fibres of the optic chiasma.

In January Dr. Williams and I put the patient on arsenic and antipyrin, but lately she has been taking iodide of potassium, and Dr. Williams thinks the latter has done the most good; but still, owing to the intense periodical headaches she suffers from, we propose to remove a parallelogram of the skull.

SIR PETER EADE, M.D., has been elected Member of Norwich, in the place of the late Lieutenant-Colonel Bignold. Sir Peter has filled the office twice previously.

¹ Read before the South Wales and Monmouthshire Branch of the British Medical Association at Cardiff.