Fig. 6.—Visual fields of Case II.

the temporal scotoma in the right eye is a zone in which light is dimly perceived.

General sensation and the other special senses appear normal. There are occasional moderate "rheumatic" pains in the limbs, and also feelings of numbness, and sometimes burning sensations.

The patient is intelligent, fairly cheerful, has no conspicuous defect of memory, but it is obvious that slight effort exhausts both body and mind. She is not especially emotional. The thoracic, abdominal, and pelvic viscera present nothing abnormal to physical examination. The patient passes from 100 to 200 ounces of urine daily, containing about 6 per cent. of sugar, and of specific gravity 1035 to 1045. There is no albumen and no peptone. Microscopical examination of the blood shows no abnormal conditions.

Progress of the Case.—The patient remained in hospital for five weeks, during most of which time she took arsenic in small doses. After the first week she was put on diabetic diet, with a result that the quantity of urine was not diminished, although the sugar was reduced to 2 per cent. Afterwards, under the use of codeia, the sugar went down to 1 per cent., without any reduction of the amount of urine passed per diem.

The temperature tended to be subnormal, varying from 97° F. to 98.6° F. The patient had several very severe attacks of diffused headache, sometimes accompanied with vomiting. These were usually relieved by antipyrin or, less efficiently, by croton oil. During the last three weeks of her stay in hospital, the patient took pituitary tabloids, and since her discharge has continuously taken these tabloids and arsenic. Since she left the hospital she has taken ordinary diet.

On the whole there has been very little change in her condition for good or bad. What change is observable is a slight loss of flesh, attributable to the glycosuria, which makes the enlargement of the face and hands less conspicuous. (During the stay in hospital her weight increased from 9 st. 7 lbs. to 9 st. 10 lbs.) The patient is certainly not otherwise worse, perhaps she is a little more cheerful, but I cannot trace any markedly beneficial effect to either the arsenic or the pituitary tabloids.

REMARKS.

Without entering into a discussion of the pathology of acromegaly, for which our present physiological knowledge hardly suffices, attention may be called to three points illustrated by the two cases, namely, the early arrest of menstruation, the distinct signs of enlargement of the pituitary gland, and the absence of therapeutic effect of the pituitary tabloids.

Amenorrhœa is one of the most constant and earliest symptoms of the disease in women, often preceding the hypertrophy of the extremities, but it may occasionally come on later, as in a case recently published by Dr. George Murray, where the increase occurred two years before the cessation of menstruation. The experience of spaying both in women and in animals, however, shows clearly that suspension of ovarian function is not in itself a sufficient cause of acromegaly. It is also certain that neither mere increase in size of the pituitary gland, as when it is the seat of a tumour, produces the symptoms (except headache and hemianopia), nor does its destruction by growth or inflammation.

Simple hypertrophy of the gland is undoubtedly the condi-

tion found most frequently *post mortem*, and the hypothesis that the disease is due to exaggeration or perturbation of the normal function of the pituitary body has some degree of plausibility.

In some cases, on the other hand, no such enlargement has been found, as in one reported by Pel,¹ where the pituitary gland was said to be "completely normal, the thymus only slightly hyperplastic, and the thyroid moderately atrophic." In this case there was a large glioma of the left hemisphere.

It is possible, however, that there might be exaltation of the gland's function without increase in its size. But until we have some evidence as to what the normal function of the gland is, this hypothesis must remain doubtful. The fact that in myxœdema there is usually some hypertrophy of the pituitary body is distinctly opposed to it.

With regard to treatment, I venture to think that we have no reliable clinical evidence in favour of the administration of pituitary gland, while if the above hypothesis be true it is likely to be actually harmful.

NOTES ON ORCHITIC EXTRACT.

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It may be of interest to some who have not yet used orchitic extract, to hear of a few cases which appear to point out the value of this remedy under certain circumstances. Dr. Brown-Séquard cited several cases in which the subcutaneous injection of orchitic extract in old men enabled them to devote themselves to business with a much increased vigour, and to endure, without fatigue, physical exercise far in excess of what they were capable of prior to taking the extract.

CASE I.—On June 1st, 1894, I was called hurriedly to a gentleman, aged 65. I had been attending him for many months, but he was reported to be much worse. He was a man prematurely aged, worn down with care and trouble. He had a slight murmur at the base of the heart, was very anæmic, exceedingly thin, and now so weak that the simple act of struggling on to his elbow in bed to talk caused such breathlessness, that it was two or three minutes before he could utter a word. Every form of tonic and nourishment, peptonised and otherwise, had been used for this case for months without effect. The patient appeared like a battery that would not work; the component parts of each cell were in fairly good order, but the vital fluid had been used up and the cell was dry. Dr. Brown-Séquard's cases came to my mind, and I at once decided to give orchitic extract. The result was marvellous. In two days the patient declared himself much better, his appetite was much greater, while he was stronger in every way, and the breathing had greatly improved; he went steadily on with the orchitic extract tabloids, taking four every day, until on the tenth day he was able to walk downstairs without aid, and on the fourteenth walked upstairs without much difficulty. He now improved quickly, was able to return to his office, and go about fairly well, feeble no doubt, but in the words of his friends he was "a veritable resurrection." Some weeks later he took a very long walk, fainted by the wayside from fatigue, and was brought home in a cab; all efforts to revive him failed, and in a few days he quietly passed away. I have no doubt that this patient would have been alive now had he listened to advice and not used up his strength.

Since then I have given orchitic extract in a large number of cases with excellent results; and as it would go beyond the scope of this note to give details of every case, I will simply give a general outline of two or three, with remarks.

CASE II.—A widow lady, aged 60, whose husband had been dead six months, had lost weight, suffered from dyspepsia, great weakness, and appeared feeble and failing. Many remedies and nourishments were tried without much effect. Orchitic extract was given, and in a few days she said that the "pills" were evidently doing her good. She took them from June 28th to November 16th, 1894, by which time she had brightened up, walked up stairs instead of being carried, and had put on 8 lbs in weight, which may be considered exceptional, as she was an exceedingly spare, slight woman.

CASE III.—An unmarried lady, aged 45, very thin, suffering from many fancies, took orchitic extract with the best results from July 18th, 1894, up to March, 1895. She is much more cheerful, has got rid of her fancies, while she is nearly double the weight she was before. The case had been under my care for five or six years, and nothing did her good until she took the tabloids, so I think I am justified in giving the credit to them.

CASES IV AND V.—Two sisters, approaching the climacteric period, one a widow and the other married to an elderly man, who both suffered from palpitation, flatulence, and extreme nervousness, derived great benefit from the tabloids. The nervousness and depression passed away. They took the tabloids steadily from November 29th, 1894, to January, 1895.

CASE VI.—In this case of impotence in the male the tablets were of no value whatever as regards the impotence, but the patient having ceased taking them for a while called again for a supply, as he found

¹ Berl. klin. Woch., 1891, No. 3.

while he was taking the tablets that he felt stronger and more energetic with his work.

I have selected the above cases from many as types of the cases which are benefited by orchitic extract. I have not given the symptoms of each case in full, as the complaints of nervous women are difficult to put down in writing. Suffice it to say that all cases of nervous diseases, without organic lesion which are benefited by bromide of potassium, will receive ten times the good from orchitic extract. In old men who have led a quiet life, who have not been in the habit of having connection with women, the testicles from want of use atrophy, and the system suffers from the want of the orchitic extract which would be reabsorbed if the testicles were active. It was this latter theory that Dr. Brown-Séquard held when he prescribed orchitic extract for old men—the system lacked the vital fluid secreted by the testicle, and reabsorbed into the blood in a new form. I have found the extract supplied to me by Messrs. Duncan and Flockhart, Edinburgh, always excellent. I give it in tablets, one, three, or four times daily, directly after meals.

ON SOME TUMOURS OF THE THYROID GLAND.¹

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I propose only to give a few notes concerning three cases of operation on the thyroid gland, which I have performed or assisted in performing during 1894. It is well known that goitre is very prevalent in the neighbourhood of Stroud; but, notwithstanding this, I have never yet come across a case of either malignant, tuberculous, syphilitic, or hydatid goitre. In that neighbourhood, at least the great majority of cases are cystic in character, yet extremely varied in their minor characteristics.

Apart altogether from the great inconvenience and unsightliness of these tumours, they acquire an importance which compelled attention to them from the fact that they were a constant danger to life. This danger was caused by the lateral pressure which they exercised at times upon the trachea, narrowing it even to occlusion.

CASE I.—The first case is an example of this. It was a case of a small hard round cyst (the cystic goitre of Berry) occurring on the right side of the neck of a girl, aged 16. It caused her such urgent and frequent dyspnoea that an operation was imperative. The tumour was carefully and slowly dissected out; the numerous vessels were first exposed by dissecting with a director, and then divided between double ligatures. The stump of the divided isthmus was firmly ligatured, and then left protruding through the otherwise approximated edges of the wound. The patient made a rapid and good recovery; the dyspnoea was completely relieved, and there had been since no sign of the tumour re-enlarging.

CASE II.—This case was one under the care of my colleague, Mr. Storry, to whom I am indebted for the following notes: It was one of general enlargement of the entire gland (the fibrous goitre of Berry) in an elderly woman. Both lobes were much increased in size, and were connected by a greatly enlarged pyramid, rendering tracheotomy impossible. The circumference of the neck was 16 inches. The condition is shown in Fig. 1.

Mr. Storry commenced the removal of the right gland by incising the skin, and then carefully reflecting the superficial parts so as not to injure the greatly enlarged veins. From this point onwards the operation was similar to that on the goitre last described, except that after the ligature of the stump containing the inferior thyroid vessels, the ligature slipped, and furious hæmorrhage occurred. This, however, was easily and quickly controlled by a Wells ovarian clamp, which was left *in situ* for seven days. The half removed weighed 13½ ounces. The case did well, and the patient

wished for the other half to be removed. Her condition after operation is shown in Fig. 2.

Fig. 1.—Patient before operation.

Fig. 2.—Patient after operation.

CASE III.—The last case was that of a cyst simple in character, but very exceptional in size, occurring in a woman, aged 50. Two years previously this patient had been seen, and even then she suffered from such urgent dyspnoea that relief was only obtained after the insertion of a trocar and the evacuation of 8 ounces of thick pultaceous material. The relief, however, was only temporary, the cyst filled again, and the patient's troubles recommenced. In October last the

¹ A paper read before the Gloucestershire Branch of the British Medical Association.