right parietal areas. Reflexes: Normal, no inco-ordination. Cranial nerves: Of these, the trigeminal only appears to be involved. Eyes: Pupils equal, react to light and accommodation; movements normal. Eye specialist reports that there is no optic neuritis or atrophy and no abnormality except a slight redness of the disk. Circulatory and respiratory systems: Appear normal. Alimentary system: Appetite unimpaired, periodical dyspepsia, bowels act regularly. Urinary system: No history of specific disease. Urine: Reaction, acid; specific gravity, 1030; no albumin, blood casts or other abnormality found on three examinations.

X-ray Examinations.—(*a*) Head: Frontal sinus abnormally large; supra-orbital bosses due to this enlargement.

(*b*) Pituitary fossa: Enlarged; posterior clinoid process arching well over the dorsum sellæ (fig. 2). The fossa is enlarged to about two and a half times the normal size.

(*c*) Sphenoidal sinus: Less extensive than in normal case. Measurements of pituitary fossa by localization. Normal: Antero-posterior, $\frac{5}{16}$ of an inch; Bndsmn. A. J. W., $\frac{3}{4}$ of an inch.

(*d*) Hands: No mushrooming of bones of digits. General enlargement present, particularly of proximal phalanges.

Summary.—The case is of interest in comparison with that described by Captain Thompson, because of:—

(1) The comparative early age incidence.
(2) The insidious onset.
(3) The absence of ocular symptoms or signs.
(4) The undue enlargement of the frontal sinus.
(5) The superficial similarity to nephritis.

From a general impression of the case it appears that it is one of simple hypertrophy of the pituitary gland with involvement of the cranial nerve from lateral pressure.

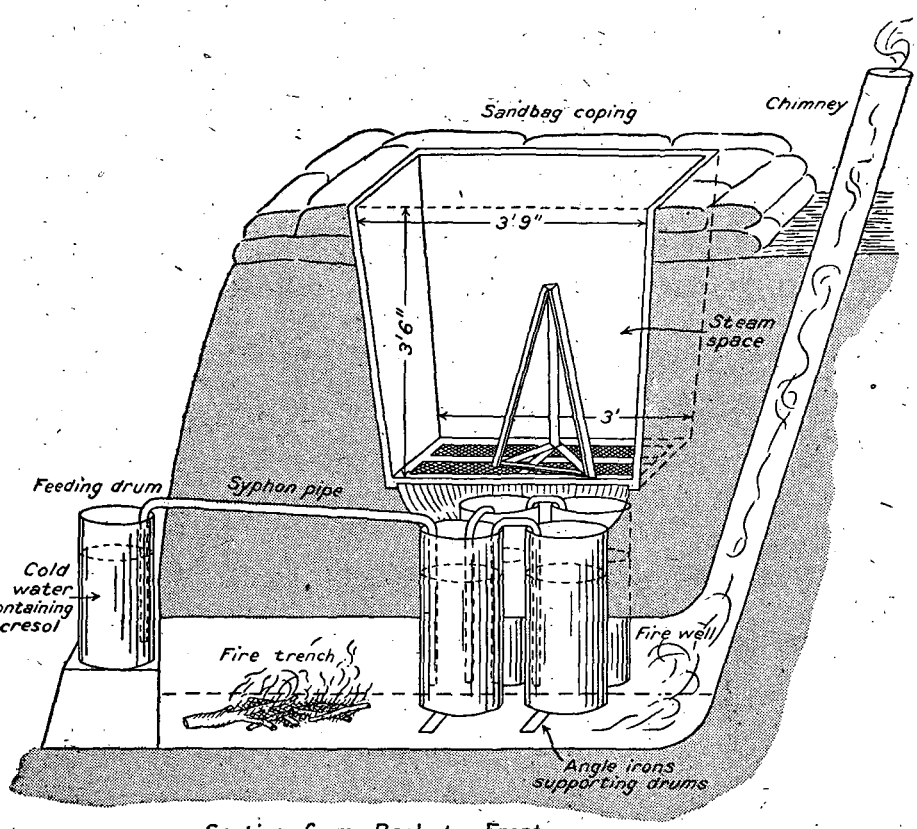
A DUGOUT STEAM DISINFECTOR.

By Lieutenant-Colonel P. H. HENDERSON.
Royal Army Medical Corps.

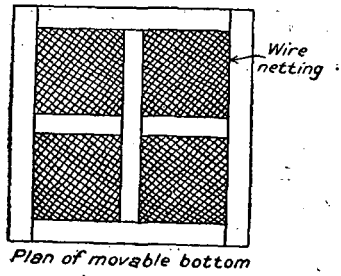
The disinfector depicted in the accompanying sketches was used with success in the Balkans by units of the 27th Division, during the years 1917-18.

It was originally devised to overcome the difficulties met with in transporting the Thresh, and Serbian barrels, which formed the authorized appliances for carrying out disinfection in the Division. Each battalion and unit of similar size was alloted four Serbian barrels, but, owing to lack of suitable roads and transport, these were frequently left behind.

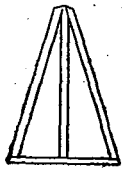
The importance of keeping the troops free from vermin was impressed on all concerned, and the risks of spreading dysentery and other infectious diseases met with in Macedonia were fully realized. The necessity therefore arose of improvising a reliable disinfestor and which could be readily and quickly made by any unit from materials available in all parts of the country, and the contrivance depicted below was the result. The notes on the sketches explain the construction. The lid, which is omitted from the sketches, is made of wood



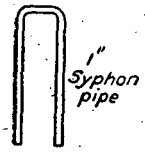
Section from Back to Front

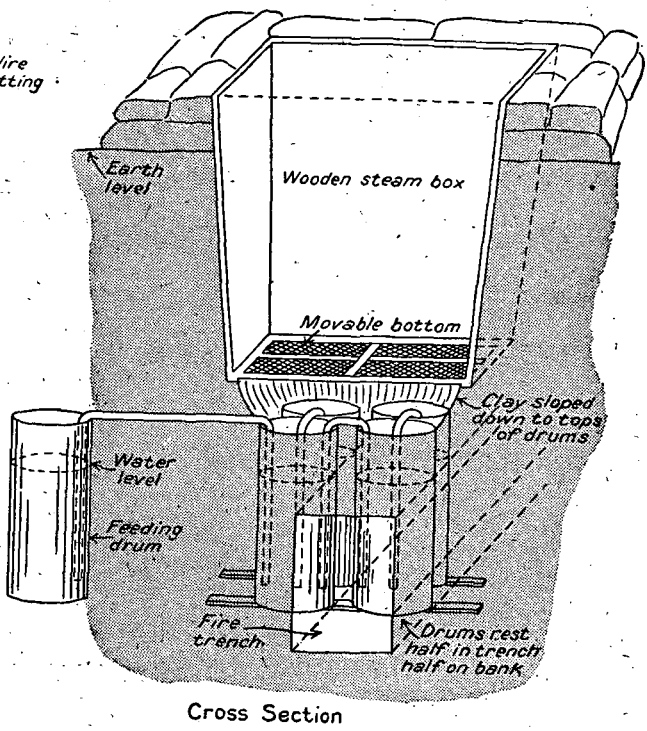


Plan of movable bottom



Small triangular wooden frame for clothes, etc., to facilitate penetration of steam.





Cross Section

covered with old blankets and is weighted down with stones. Hooks and wires, on which to hang clothing, etc., are secured to the under surface.

Attention is particularly directed to the fifth kerosene oil drum which is situated outside the dugout and acts as the feeding drum for the other drums, by means of syphon action. This avoids the necessity of opening the steam box and so losing steam when adding water to the drums.

When a unit came out of the line, all the bedding and clothing was disinfected as a routine measure and in practice it was found easy to thoroughly disinfect the entire bedding and clothing of a platoon in one such disinfector in a day. Lice and nits were destroyed in twenty minutes, but forty minutes were usually allowed for the complete disinfection of any article. A disinfector of the size depicted could take twenty-five blankets or eighty shirts at one time.

Lecture.

ENCEPHALITIS LETHARGICA.[1]

By Major A. T. TODD, O.B.E.
Royal Army Medical Corps.
Consulting Physician to the Rhine Forces.

Early in the year 1918 an epidemic disease, characterized by unusual symptoms, appeared in the British Isles; these symptoms were so extraordinary that the attention of medical men and laity alike was engaged at once. When the frequently fatal issue and the complete failure of therapeutic measures became known, the interest in the disease, although increased, became less academic and more personal until it became evident that the contagiosity of the disease was very low, if, indeed, the disease could be regarded as contagious at all. Since then few diseases have received so much attention from medical and lay writers, and an enormous literature has sprung up, mostly dealing with one aspect of the disease, clinical, epidemological or pathological, but to a large extent dealing with the few or many cases observed by the authors.

The occurrence of several cases of this disease in the Rhine Forces, and the interest which they have aroused among the medical officers, is the reason for this paper, in which I am attempting to condense some of the recent literature.

History.

The present epidemic apparently originated in Austria early in 1917, and was described by Economo; shortly afterwards cases were noted in France, then in England and Australia. The first accounts of the disease in British literature appeared in the *Lancet* of April 20, 1918; then the disease was thought to be botulism, a general infection due to eating of food containing the *Bacillus botulismus*, or its toxins. This theory was shortly disproved, and as no known pathological agent could be discovered, it was thought that a new disease had appeared and many names were coined to fit the condition. By this time, however, the

[1] A lecture delivered to the medical officers of the Rhine Forces, March, 1920.