Clinical and other Notes.

NOTES ON THREE CASES OF DYSPITUITARISM: HYPOPHYSEAL INFANTILISM

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The following three cases of the Lorain type of infantilism are presented chiefly because the variety of the pathological process giving rise to the condition in them may shed some light on the pathogenesis of this somewhat rare condition.

Cases of Lorain type of pituitary infantilism are met with much less frequently than those exhibiting Frolich’s syndrome. These three cases all exhibit certain symptoms in common, they are all infantile, but perfectly proportioned; they look like normal children at about 10 years of age; the bones are short and thin and their epiphyses are not united; a degree of mental enfeeblement is present, and all suffer from fits periodically; one case has complete double optic atrophy; one suffers from a severe degree of mental impairment; one is mentally bright but only with the mentality of his apparent age. He is able to work for an indulgent employer and to support his mother.

The cases will be described under the headings “E. C.,” “M. K.,” and “W. B.”

Case of “E. C.” aged 22.

Family History.—Good.

History.—Until 7 years old he appeared to be normal. At this time he commenced to have fits, which have continued since, occurring once or twice a week. He has an aura which consists of a sensation of terror; he is convulsed for about ten minutes and is dazed afterwards. At 10 years old he lost his vision; he was at this time unconscious for seven days and became blind in his right eye and the left eye gradually became blind in the next six months. Attacks of vomiting and headaches have been present for the same time as the fits. In appearance he looks about 10 years old. Height: Three feet seven inches. Hands: Narrow and tapering. Genitals: Infantile, penis very small; testes soft and small. Secondary sex characteristics, absent. No hair on face, axillae or pubis. His muscular system is proportionate to his general development. Pulse is slow—70. Blood pressure normal. Teeth are closely set, the upper are decayed and there is a considerable amount of pyorrhea. Pupils are equal, inactive to light, he has a divergent squint, moves eyes well in all directions; there is a slight double ptosis and nystagmus is present in all directions. He cannot distinguish light from darkness. Optic discs are dead white with slight lines along vessels (secondary atrophy). Sensation is unimpaired throughout the body. The motor system is normal, the power in muscles being fair and equal to that of a child of 8 to 10 years of age. Reflexes brisk. Plantar flexor, normal. The bones of the body are small except the pelvis which is rather larger than one would expect in a child of 10. Wassermann of blood, negative.
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X-ray Report.—Lateral stereoscopic view to show sella turcica, clinoid processes mostly absorbed. Sella turcica is shallow and enlarged in the anteroposterior direction. No evidence of lateral expansion. There are definite irregular opaque shadows in the frontal region extending upwards in line with the fronto-parietal suture and in the sella itself, suggesting an extensive growth, probably an exostosis of the bone or a very slow growing tumour in which there is much calcareous deposit.

![Image of two individuals](image_url)

Fig. 1.—Case of E. C. The two individuals are the same age (22 years).

Case of "M. K.," aged 19.

Family History.—Good.

History.—Patient started working at 14 years of age. He has always been very small for his age and his voice has always been high-pitched and childish. Five weeks ago he was knocked backwards on to his head and was unconscious for a few minutes. There was no bleeding from nose or head or ears, and no vomiting. He had a headache for two days which then passed off. Two weeks after the accident his mother noticed he was groping for his bread and butter, and
she realized he could not see well. His mother states that he has never shown any interest in the opposite sex, so much so that his friends make a joke of it.

On admission he could not read small print, but only the headlines of newspapers. He could walk well. He had no pains, paraesthesia, or numbness. He looked about 12 years old, was perfectly proportioned and his skin was soft and rather waxy looking. All bodily contours were childish. Height: three feet six inches. Hands narrow and tapering. Genitals: Infantile. Patient shows no embarrassment in being examined. Secondary sexual characteristics: There is no hair on face, axillae or pubis. Muscular system: this is proportionate to his general development. Pulse, 88. Blood-pressure normal. Teeth are bad, but are not

![Image of lateral stereoscopic view to show sella turcica.](http://militaryhealth.bmj.com/)

Fig. 2.—Case of E. C. Lateral stereoscopic view to show sella turcica. (For report, see notes of case.)

notched nor peg-like; bridge of nose is well-formed; the lower jaw is rather overhung. There are puckered linear radiating scars round the mouth, more marked in central parts than at the corners. Skull is small and round, maximum circumference, 20½ inches. Cerebration is quick, he is bright, intelligent and emotionally normal except for his sexual emotions. Pupils are equal, react to light and accommodation, on looking to left and upwards a few nystagmoid movements are seen, which disappear after a few seconds' fixation. No other ocular palsies.

Vision: visual acuity, R. 3/60; L. 1/60. Fundus, right eye, disc very white with a bluish tinge; vessels not thickened. Left eye, disc as right; retina in outer equatorial region atrophic. Other cranial nerves normal except that tongue when protruded goes slightly to the left. Sensory system normal, except that
there is a slight loss of sense of position in the upper limbs, chiefly the left, as shown in the nose-finger test and in the left lower limb as shown by the knee-heel test. Motor system, left grip is weaker than right. There is some ataxia in left leg, slighter in right leg. Reflexes normal and brisk; plantars flexor.

Examination of cerebro-spinal fluid, clear, colourless. Two small mononuclear cells per cubic millimetre. Albumen, 0.025 per cent. Nonne Apelt reaction, weak positive. Lange’s goldsol test, 4332321000. Wassermann reaction strongly positive in both blood and cerebro-spinal fluid.

X-ray, sella turcica normal.

Under treatment with mercurial inunction and novarsenobillon he improved considerably. His infantile condition remained the same.

Case of “W. B.,” aged 25.

Family History.—Nothing of interest.

History.—His mother says he had meningitis when 5 years old, and that he did not grow after this age. After this illness he had occasional fits for a year;
they then ceased for four years; for the past fifteen years he has had approximately one fit per month. These fits appear to be true epilepsy, and sometimes occur as petit mal when he loses himself for two to three minutes, without convulsions.

He has been at work for some years with a firm who allow him to be absent when he does not feel well. In appearance he looks about 10 or 12 years old. Height: Three feet ten inches. Hands are tapering; genitals infantile; penis small and testes soft. Secondary sexual characteristics: He has no hair on face, axillae or genitals. He never felt any attraction towards the opposite sex until about twelve months ago; during the last twelve months he has had feelings of slight attraction and has felt sexual desires. Pulse, 80; blood-pressure, normal; teeth are good and well spaced.

On examination there is nothing to note in any of the systems. No affection of the cranial nerves, fundi normal; motor and sensory functions are unimpaired. Cerebration: He is bright, quick and intelligent, and is emotionally normal.
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A suggestion of adiposity is noticed in this case. This is more obvious in the photograph than on inspecting the patient.

Note.—Treatment by anterior lobe of the pituitary in all cases made no improvement in their condition.

I wish to express my thanks to Dr. Gordon Holmes for permission to publish these cases, and to Dr. J. G. Greenfield for taking the excellent photographs and for his helpful interest.

REPORT ON A SERIES OF CASES OF AN UNUSUAL ERUPTIVE FEVER.

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(1) Clinical Features, Seasonal Incidence, Distribution, etc.—Between the middle of August and the end of September, ten or eleven cases of this nature came under our observation at the Curragh; showing, individually or collectively, the following signs and symptoms:—

(a) Incubation period, as yet uncertain.

(b) Sudden onset, with frontal headache, conjunctival injection, more or less sore throat, with or without coryza. In one or two cases epistaxis; very moderate fever, with vague joint pains.

Within a few hours a rash appears, generally on the trunk, deltoid region, and proximal segments of the limbs. In a few cases the forehead and face are involved in a dull red flush, which is almost always more uniform. In the latest cases observed, the rash was obviously most developed in the hairy parts, the neck, the armpits, the front of the chest, and all parts most subject to pressure.

The coarse appearance of the rash certainly suggested rubella; but on passing the finger one could not help being struck with its absence of depth, except in very few places. A magnifying lens showed that by far the most extensive lesion was an erythema, chiefly affecting the pores of sweat glands, and the base of hairs. A few stray papules also were discernible here and there, with in most cases one or two petecche. The general colour of the rash was dull red.

All cases showed natural diaphoresis, and in some there was also skin irritation. On the whole the illness lasted three to four days. Up to date no trace of desquamation was observed, even in the most extensive rash. The last case was somewhat unusual in that the temperature was only 99°F. on the first day and remained normal afterwards; further, whereas in all previous cases the rash disappeared almost completely after forty-eight hours, in this case it was persistent on the third day, and became semipurpuric (not disappearing on pressure).

It is well to remark here that this patient had been under treatment for a chronic arthritis for a week and three applications of dilute picric acid dressings had followed a blister; it was even suggested that the peculiar rash was a drug rash. The urine however was normal, except for an excess of urates.

There were no complications, but one case from another source, which had no connexion whatever with the above, developed higher fever, with several