In four cases there was vomiting once, in six cases twice, and in the remainder more frequently. The vomiting has been quite without effort, and there has been an entire absence of that painful dry retching, with perhaps a little acid and irritating fluid which often comes up. There is also none of that trying thirst which one used to see, especially in the abdominal cases, which were limited to a teaspoonful of water. All the nursing staff are quite satisfied that the patients are very much more comfortable under the new system.

The average amount of water drunk during the first twelve hours after the operation has been about two and a half pints. One man drank nearly five pints.

TWO CASES OF VON RECKLINGHAUSEN'S DISEASE.

By MAJOR H. P. JOHNSON.

VON RECKLINGHAUSEN's disease, or general neurofibromatosis, has always been considered to be a somewhat rare pathological condition, but the fact of my having discovered two cases in one regiment almost simultaneously would appear to imply that the affection has frequently been overlooked, and that the symptoms have been diagnosed as Molliuscum fibrosum.

The disease is characterised by: (1) Tumours of the skin of a fibrous character; (2) subcutaneous tumours situated on the superficial nerves, which occasionally grow to a large size and require removal; (3) fibro-neuromata of the deep nerve trunks, causing pain and pressure effects; (4) patches of pigmentation of the skin—either freckles or large plaques—of a deep brown colour.

It is rare for all these phenomena to be present at the same time, or even to occur in the same patient; and it will be noticed that neither of my cases presented the third symptom. Von Recklinghausen also considers that the affection is usually accompanied by gradual loss of intellectual power and difficulty in speaking, but both in Rolleston's case and in my two, the patient's mental abilities were not impaired to the slightest extent. It would thus appear that there are two main types of this disease: the first, associated with pain, paralysis and impairment of the mental functions, due to the involvement of the deeper nerve trunks in the neurofibromatosis; the second, and commoner form, presenting no signs of serious disease and shown only by the skin conditions and the presence of small tumours on the subcutaneous nerves.

There are two theories as to the causation of the disease: that of

1 "Die multiple Fibrome der Haut, &c.," Festschrift, Berlin, 1882.
Feindel, that it is due to a congenital malformation of the ectoderm;¹ and that of Payne, which is supported by Rolleston, ascribing it to a developmental vice on the part of the mesoblast in the corium and in the nerves.² Rolleston sums up the pathology by regarding the disease as depending on a congenital hyperplasia and tumour formation arising in the mesoblast at its junction with the epiblast, and considers that, as in the case recorded by him, progressive changes may take place in the growths, by which a primarily innocent neuroma may degenerate into a sarcoma.

Fig. 1.

An interesting point about my first case is that he was admitted to hospital suffering from Herpes zoster. This affection is due to an acute inflammation of, or hæmorrhage into, the posterior root ganglia, followed by secondary degeneration of the ganglion cells. It appears to be possible that this inflammation was caused in the case referred to by the pressure effects on the ganglion of a neurofibroma.

Case 1.—Rifleman J. H., aged 27, was admitted to hospital on January 16th, 1906, suffering from H. zoster, following the course of the lateral cutaneous branch of the eleventh right intercostal nerve. The whole of the chest, abdomen and back are covered with small soft tumours, varying in size from three quarters of an inch to a pin’s head; a few also are scattered about his arms and legs. These small growths are

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very soft, elastic, and like empty sacs to the touch, resembling lipomata rather than fibromata. I removed one and found that, microscopically, it was a true fibroma with no fat formation whatever. Two years ago a larger growth was removed from the left thigh, which, he informs me, was fatty in character; but I have little doubt that it would have been proved to be a fibroma had it been microscopically examined. Round both elbows there are several patches of brown discoloration, about the size of a shilling, and similar patches occur on the abdomen, back and buttocks. There is no freckling of any part of the body. There appears to be some irregular thickening of both ulnar nerves, and there are many small lumps to be felt under the skin of the trunk, which are probably connected with the superficial nerves. The patient declares that the tumours first appeared when he was in South Africa, in 1900, and is positive that before that date his skin was perfectly clear. A brother of the patient is also stated to have his body covered with small growths, but the date of their appearance is unknown.

FIG. 2.

Case 2.—Rifleman J. C., aged 26, was admitted to hospital on February 3rd, 1906, suffering from a boil on the cheek. In his case, as will be seen by the photograph, the pigmentation and freckling are much more marked than the tumour formation. I can detect no growths on the deep nerves, and very few on the superficial ones. He is certain that many of the growths have been present all his life, but thinks that they have been getting larger during the past twelve months. He has never
suffered from any attacks of numbness or pain, and except for the local condition, is in robust health. A brother of his has been examined by me, and is quite free from any pigmentation or molluscous growth.

As regards treatment of the affection, Zum Busch considers arsenic by injection, or in Fowler's solution, to be the only useful drug.

I am greatly indebted to Major E. Jennings, I.M.S., and Major G. J. Buchanan, R.A.M.C., for the photographs illustrating the cases.

A CASE OF FRACTURE OF THE BASE OF THE SKULL FOLLOWED BY EPILEPSY, NOT OF THE JACKSONIAN TYPE.

By Captain J. T. Clapham.

Royal Army Medical Corps (H.P.)

Perhaps some points in the following case may be considered of interest. For permission to use the notes I am indebted to the courtesy of Mr. Anthony Bowlby, C.M.G., in whose wards at St. Bartholomew's I saw the case.

On February 17th, 1904, A. B., aged 30, a builder, was brought to the hospital. It was stated that whilst leaning over from a scaffolding to speak to another workman, he lost his balance and fell a distance of twenty-eight feet, attempting to save himself, by clutching at a girder in his descent. His past history was good; no fits of any kind; and in his family history there was nothing pointing to epilepsy. On admission he was quite unconscious; there was haemorrhage from the left ear, mouth, and both nostrils, also from a scalp wound over the right eye. Temperature 96° F. Pulse 52. Respirations 28.

February 18th.—He passed a restless night. There were two attacks of haematemesis, fully two pints of blood being brought up. Clots of blood in the pharynx and hemorrhage into the eyelids and loose connective tissue surrounding them. Temperature 97.8° F. Pulse 60. Respirations 28.

February 19th.—Cerebro-spinal fluid is welling up from the ear and the membrane is seen to be perforated. He is very irritable. Temperature 99.5° F. Pulse 72.

February 20th.—Much quieter. All haemorrhage has ceased. Temperature was 100° F. in the morning, but fell to 99° F. in the evening. Pulse 48 and 62.

February 21st.—Discharge of cerebro-spinal fluid still profuse; dressings had to be changed twice in the night.

February 22nd.—Quieter and more intelligent. The temperature has come down to normal. (There was no rise henceforth.)

February 24th.—He is now quite intelligent. The aural discharge has practically ceased. As, in spite of three successive ten-grain doses of