

skeletal changes, however, remained unaffected, and the amenorrhœa, from which both patients suffered, remained. The details of the first case are as follows: The patient, who was thirty-five years old, had been suffering since 1891, but it was not until 1894 that definite symptoms of acromegaly began to appear. Her hands and feet began to enlarge, and her sight began to fail. She had optic atrophy and transient glycosuria. After being treated in the hospital in February, 1896, she went home, and was under the care of Dr. Hollis, of Wellingborough. Toward the end of that year the headache became so intense that she was anxious to undergo any operation that would relieve it. She came under the author's care, and, after consultation, it was decided that no attempt to remove the pituitary body, which from the primary atrophy of the optic nerves was probably much enlarged, was justifiable, but that, if the pain continued, the skull might be trephined and the subdural space opened, with the object of relieving intracranial pressure. She was given the combined thyroid and pituitary extracts, and she gradually lost the headache and was able to get up. The improvement keeping up, she was allowed to go back to her home in March, 1897, and directed to continue the treatment. This advice, however, she did not follow, and in the month of June, epileptoid fits appeared accompanied by loss of consciousness. She gradually grew weaker, and died on August 16th. Fourteen hours after her death the author made an examination, and found that the pituitary body was greatly enlarged by a soft white growth, which had invaded the right optic thalamus and, microscopically, had the structure of a medium-sized round-celled sarcoma. The thymus was persistent, and, microscopically, showed marked enlargement of the concentric corpuscles of Hassall. The thyroid body was healthy both to the naked eye and microscopically.

In the second case, which was a less advanced one, no changes in the optic nerves being present, the patient had had severe headache for six weeks before she came under the author's observation, in October, 1896. The combined extracts of the thyroid and the pituitary glands were administered, and she soon lost the headache. She subsequently attended as an out-patient of the hospital until July, 1897, the same treatment being continued. As there was no return of the headache when she was an out-patient, says the author, its disappearance can hardly be explained as being merely due to rest and improved physical conditions.

The author thinks that the results in these two cases are too scanty to establish any reliable conclusion as to the value of the treatment, but he thinks they justify a more extended trial. One point, he remarks, that specially requires investigation is whether any good effect that may result from the administration of the combined extracts is solely due to the contained thyroid extract or whether the two combined extracts have more effect than the administration of thyroid alone. Pituitary extract has been generally unsuccessful in the treatment of acromegaly while the treatment with thyroid extract has given variable results. Mr. Rolleston refers to Benson, Bruns and Bramwell who record improvement, to Bramwell and Ransom who report no effect, and to Murray who mentions temporary improvement which disappeared while the treatment was continued. Under these circumstances, he says, it has been thought that any beneficial effects it may have are of a general nature and not due to any specific action on the morbid processes at work in acromegaly. But since thyroid extract has been found to relieve the headache of acromegaly, it is possible, he thinks, that the apparent success of the administration of the combined extracts was in reality due to the thyroid extract and not to the combination. In this