much smaller than before. The masculine distribution of the hair had disappeared and the hair was found to be just as the ordinary female type over the pubis and in the axillæ; the uterus was normal and menstruation occurred regularly every month but was accompanied by pain. Marital relationship was normal except there was a certain amount of pain accompanying the act. The patient was very anxious to become pregnant.

Comments

(1) *Clinical.*—From the marked biologic disturbances that this case presented, it is evident that this was one of those described as the extreme cases, *i.e.*, both the defeminization and masculation were conspicuous. Most of the masculine manifestations had disappeared and feminine characters were restored after the removal of the tumour, which is usual according to all the reported cases. Schiller (1936) pointed out that restoration of female type of voice was not observed because the laryngeal change cannot retrogress; in our case she distinctly improved so far as her masculine voice was concerned.

(2) *Histology.*—According to Meyer's contention, which seems to have the widest acceptance, a great deal of correlation exists between the histological picture of the tumour and the biologic disturbances. The tubular adenomatous type producing least whereas the atypical sarcoma-like tumours are responsible for the most marked changes. By studying a number of sections of the present case we find that different portions of the tumour were composed of different types of cellular pattern, as seen in plate XI, figures 1 and 2, but the portions showing typical tubular structures are not negligible, as would be expected from the pronounced biological disturbances that this case presented, a considerable amount of tubular structure being present throughout the tumour mass.

Conclusions

(1) A case of arrhenoblastoma is recorded.

(2) The clinical manifestations and the histological structure are discussed and the association of tubular structural pattern with the marked biologic disturbances are noted.

Our thanks are due to Dr. K. G. Banerjee, M.B., Suri, Bengal, through whom the case came under our observation, for helping us in following up the patient after her discharge from hospital.

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A SIMPLE MEANS OF PREVENTING SPIDER-LICK

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IN some correspondence on the subject of 'spider-lick', Messrs. James Finlay & Co., Ltd., of Calcutta communicated to us the following passage from a letter that they had received from Mr. Jacobs, the factory manager at Riga Sugar Factory, near Muzaffarpur, in which he suggested that 'the liquid ejected by the insect . . . is soluble in water and may be washed off within an hour or two . . . and this removes its action'.

We gladly took the opportunity represented by a large collection of the insects that were forwarded from the same source to try out the hypothesis.

A powerful tincture prepared from the specimens and matured since May 1938 was used for the experiments on two volunteers. In each experiment approximately equal quantities of the fluid were used for it and for the control.

Experiment I.—In the first experiment both forearms of volunteer A were painted with the tincture. One hour afterwards the left forearm was washed in tap water. Two days after the right arm showed a marked dermatitis, while the left arm had a few rosy papules only.

Experiment II.—The left and right forearms of volunteer B were painted with the tincture by means of a camel-hair brush. His name was written with the paint and after his name a cross. One hour after the tincture had dried the left forearm was washed in running tap water, soap not being used.

The next day he noticed a slight reaction on the right forearm only.

The following day this had developed into a severe dermatitis showing confluent vesicles. On the other hand the left forearm showed a few isolated papules only.

Subsequently the left arm showed no more reaction than that.

Experiment III on volunteer A.—As the undiluted tincture had shown itself very severe in its reaction when the dermatitis was fully developed, the fluid was in this experiment diluted with 9 parts of rectified spirit before use. Washing the arm was done 2 hours afterward. The unwashed area developed a mild dermatitis, the papules being scattered, and the washed arm showed no reaction.

These few controlled observations thus confirm the observations made by Mr. Jacobs and indicate that attention to regularly bathing the parts that are not commonly covered with clothes should suffice to prevent the condition

arising. As the insects are nocturnal in habit, being, in their relation with man, strongly attracted by lights, it is essential that the suggested attention to washing should be unrelaxed after dark, however little be given to it during daytime.

A Mirror of Hospital Practice

A CASE OF CEREBELLAR APOPLEXY

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THE following case of thrombosis in the posterior inferior cerebellar artery seems interesting enough to be placed on record :—

C., aged 35 years, Hindu male, was admitted into the hospital on the 10th August, 1938, with the following complaints:—

1. Inability to walk.
2. Difficulty in swallowing food and drink.
3. Difficulty in speaking clearly.
4. Dizziness.
5. Vomiting.

Family history:—Nothing important.

Personal history:—Addicted to alcohol and heavy smoking.

Past illness:—Contracted syphilis about 15 years back. Two years back he was admitted to this hospital for pain in the præcordium (angina pectoris?).

Present illness:—The patient drank country liquor in large quantities on the 7th August, 1938. He slept well in the night but the following morning he vomited a few times and was markedly dizzy. As there was a cholera epidemic in the city, he thought he was suffering from cholera and sent for a doctor, who prescribed him some mixture. The patient took two doses of this, but could not swallow the third dose which regurgitated. Soon after, he noticed that he could not stand. He fell down on his left side. The left upper and lower extremities appeared to be weaker than the right ones. His speech became thick.

General examination:—The patient looks strong and well built. His left eye looks smaller than the right. On standing his dizziness is increased and he loses balance.

Examination of nervous system:—Intellectual functions—Nothing abnormal.

Cranial nerves:—(1) Trigeminal nerve—There is analgesia and thermanæsthesia on the left of the face.

(2) Glossopharyngeal, vagus and accessory nerves—There is paralysis of the soft palate on the left side, and dysarthria. There is difficulty in deglutition.

Oculo-pupillary centre:—There is miosis and enophthalmos on the left side.

Motor functions:—Analgesia and thermanæsthesia on the right half of the trunk, right upper and lower limbs and left half of the face.

Reflexes:—Absent on the left side.

Plantar reflex:—Flexor on both sides.

Organic reflexes and sphincters:—Nothing abnormal.

Cardiovascular, respiratory and alimentary systems:—Nothing abnormal detected. His blood pressure on the day of admission was 155/100 mm. of mercury.

Fundus oculi:—Normal.

Fluoroscopic examination of the heart and blood vessels:—Nothing abnormal found.

Laboratory findings:—Urine—Nothing abnormal.

Blood:—Wassermann reaction—Strongly positive.

Cerebro-spinal fluid colloidal gold test:—Luetic curve.

Treatment:—As he could not swallow any solids or fluids he was fed with milk poured down the stomach tube. Entodon 2 c.cm. was given intramuscularly daily for 20 days. This was followed by tryparsamide intravenously, first dose being 0.1 gramme, and subsequent nine weekly doses of 0.3 gramme each. Casbis 1 c.cm. was administered intramuscularly thrice a week on 20 occasions.

He can now eat and drink normally. He walks about and does his business as a hair-oil manufacturer. His speech is clear. He has no dizziness. His blood pressure is 140/98 m.m. mercury.

AMELIA

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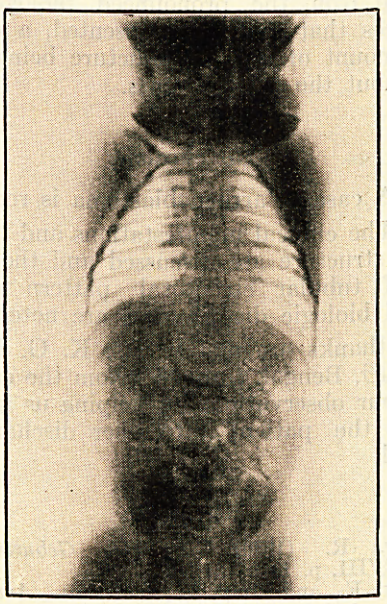
THIS congenital deformity is very rare.

A woman, aged 32, was admitted into the maternity section of the Sassoon Hospital.

Obstetrical history.—4th para. All deliveries were normal.

On 16th February, 1938, she was delivered normally of a male child weighing seven pounds. The baby had no upper extremities; there is no other congenital mal-development and the child is thriving well.

An attempt was made by taking a skiagram to note whether there were any rudimentary arm bones. It shows no evidence of extremities and clavicles and scapulæ are normally developed.



It was suggested that this may be a case of intra-uterine amputation but the absence of scars, or any sign of upper extremities dismisses this possibility.

There is no history of hereditary deformities in the families of the parents and grandparents.