

No.	NAME.	Age.	Admitted.	Died.	Under the care of	Examination, at what time after death.
	Annetta Portman Servant	?	23.5.13	29.5.13	Dr. Gyle	24 hours

No. in Reg. 1917	NATURE OF DISEASE.
702	Acromegaly. Right side of aneurysm of middle cerebral artery.

MORBID APPEARANCES.

CASE.

Microscopically,
 liver. The normal lobulation is difficult to make out. There is a slight nutmeg change and marked pigmentation of the liver cells, which are uniformly irregularly arranged. Many of the liver cells have large, but not nearly so large as the feet. The pigments are especially affected.
 Kidney shows very severe and interstitial inflammation, enormous number of small round cells being present in the interstitial spaces.
 Testis. The tubular epithelium is very badly pitted. It appears to be extensively degenerated and there are distinct inflammatory changes affecting the glomeruli.
 Spleen. Chromaffin cells are plentiful. Otherwise the spleen seems fairly normal.

Short thick set body with typical acromegaly.
 In features an coarse. Prominent supra-orbital ridges. External maxillary nose very prominent & projecting beyond the upper lip. In teeth are widely separated & the lower border projects prominently. The nose & lips are greatly thickened. The ears are large and waxy. The tongue is as large as to protrude from the mouth. There is a coarse hand & moustache. The hair of the head is long & coarse.
 In hands are stubby and short like with sausage shaped fingers. They are a skiagram shows enlargement of the ends of the metacarpals & phalanges. The clavicles are thick with exaggerated curves. The costal cartilages are calcified. There is lifting of bone round both knee & wrist joints.
 Old laparotomy scar in the middle line of the abdomen follows the umbilicus. Please free from adhesions.
 Lungs. P = 22 g. The lungs on both emphysematous along the anterior lobes. On section both are congested & oedematous. Both lower lobes are firm & show areas of consolidation behind due to aspiration pneumonia. There is acute terminal bronchitis. The intra-axial glands are normal.
 Larynx. The larynx shows slight oedema of the arytenoid epitheloid folds. The soft palate appears thickened, but the epitheloid structures of the larynx itself are not so.
 The thyroid is represented only by the usual remnant. There is no persistent thyroid tissue.
 Pericardium normal. Heart = 190 g. is large. The left ventricle is hypertrophied. The right is dilated. The heart muscle is of good colour & does not show any obvious fibrosis or fatty change. The mitral valve leaflets have atheromatous plaques but the valve is competent. The tricuspid ring is wide. The aortic & pulmonary cusps are normal. The aorta shows nodular atheroma with a few calcareous plaques but the tissue is not dense. It is not marked in the abdominal aorta.

abdomen.

The peritoneum shows a terminal very early peritonitis with thin red lines on the ^{serosal} surfaces. The whole of the bowels are distended. The large bowel is especially so.
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May 6th 1913

Present Dear Dunn,
 I wrote rather hurriedly on Saturday my result of examination of the blood-serum in the Acromegaly case.
 There is no doubt whatever about the greatly increased accelerating action on pancreatic fat-splitting enzyme. It is 3 1/2 times greater than with normal serum.
 I was not quite satisfied about the antitryptic action which was 5 or 6-I.
 I have repeated this and it shows 6-I, which is the figure which must be taken; that is one part of serum inhibits 6 parts of trypsin solution (1%)
 This is higher than normal serum which is usually 4 or 5 - I; and higher than in certain cases of non-malignant disease in which the fat-splitting acceleration is markedly increased (e.g. diabetes) but the antitryptic normal.

Course What I find in malignant disease, or in cases proved to be such by subsequent operation or by P.M., the fat splitting reaction is very high and the antitryptic action also markedly increased. These were very well shown in the specimen of carcinomatous blood I examined along with the Acromegaly specimen - the fat splitting acceleration being 3 times over normal and the antitryptic action being 2 1/2 times as great, or 10-I, but it may not be more than 6 or 7-I in other cases.
 Under the circumstances, it would be very difficult to differentiate the Acromegaly specimen from carcinoma.
 Two or three suggestions may be offered,
 (1) that Acromegaly may be one of the non-malignant conditions giving similar reactions to carcinoma.
 (2) That in this case there may be some enlargement of the thyroid; I mention this because I examined in a young woman not long ago and found both reactions high. Shortly after she had well marked symptoms of goitre.
 (3) That they may be a growth of the pituitary of a malignant nature though quiescent.

In this connection the skiagram may be of interest. Of course examination in only one case of a particular disease is not conclusive. But such opportunities in Acromegaly must be rare and I am delighted to have had the chance in this case
 Yrs sincerely
 J. A. Shaw - Quackenbush

No.	NAME	Age	Admitted.	Died.	Under the care of	Examination, at what time after death.
	Annette Patman Servant	?	28.5.13	29.5.13	Dr. Gile	24h

MORBID APPEARANCES.

Microscopically,
 liver. The normal lobule is difficult to make out. It is a slight nutmeg change marked pigmentation of the cells, which are uniformly averaged. Many of the liver two nuclei kidney shows very severe interstitial inflammation, a number of small round cells present in the interstitial tissue. The tubular epithelium is very badly fixed. It is degenerated. There are distinct inflammatory changes affecting the glomerular apparatus. Chromaffin cells plentiful. Stroma of the seems fairly normal.

Dear Dunn,
 I wrote rather hurriedly on Saturday my result of examination of the blood-serum in the acromegaly case.
 There is no doubt whatever about the greatly increased accelerating action on pancreatic fat-splitting enzyme. It is 3 1/2 times greater than with normal serum.
 I was not quite satisfied about the antitryptic action which was 5 or 6-1. I have repeated this and it shows 6-1, which is the figure which must be taken; that is one part of serum inhibits 6 parts of trypsin solution (1/100).
 This is higher than normal serum which is usually 4 or 5 - 1; and higher than in certain cases of non-malignant disease in which the fat-splitting acceleration is markedly increased (e.g. diabetes) but the antitryptic normal.
 What I find in malignant disease, or in cases proved to be such by subsequent operation or by P.M., the fat-splitting reaction is very high and the antitryptic action also markedly increased. These were very well shown in the specimen of carcinoma blood I examined along with the acromegaly specimen - the fat-splitting acceleration being 3 times over normal and the antitryptic action being 2 1/2 times as great, or 10-1, but it may not be more than 6 or 7-1 in other cases.
 Under the circumstances, it would be very difficult to differentiate the acromegaly specimen from carcinoma.
 Two or three suggestions may be offered.
 (1) That acromegaly may be one of the non-malignant conditions giving similar reactions to carcinoma.
 (2) That in this case there may be some enlargement of the thyroid; I mention this because I examined in a young woman not long ago and found both reactions high. Shortly after she had well marked symptoms of goitre.
 (3) That there may be a growth of the pituitary of a malignant nature though quiescent.
 In this connection the skatogram may be of interest. Of course examination in only one case of a particular disease is not conclusive. But such opportunities in acromegaly must be rare and I am delighted to have had the chance in this case.
 Yrs sincerely
 J. S. G. Gile

MAY 6th 1913

Abdomen.

The peritoneum is now shows a terminal very early peritonitis with thin red lines on the ^{serosa} surfaces. The whole of the bowels are distended - but the large bowel is especially so.

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No. in Reg.
1913

NATURE OF DISEASE.

702

Acromegaly. Rupture of aneurysm of L. middle cerebral artery.

CASE.

Present illness. This woman was admitted unconscious with right sided hemi-plegia, for ten years she has suffered from acromegaly of which disease she is an unusually beautiful example, the only features that are lacking being normal visual fields and almost normal thumbs. She has been treated with pituitary extract and thyroid extract but the disease has slowly progressed. Her sugar toleration has not been examined.

Course Patient has survived a week when the haemorrhage extended into the lateral ventricle and she succumbed.

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