Clinical Section

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[*March* 7, 1940]

Xanthoma Diabeticorum with Lipodystrophia.—R. D. LAWRENCE, M.D.

This was a case of *diabetes mellitus* accompanied by xanthomatosis, persistent lipæmia, and hypercholesterolæmia, extreme hepatosplenomegaly, lipodystrophy, enlargement and fibrosis of lymphatic and parotid glands (by biopsy) and high metabolic rate.

A woman of 26 developed diabetes and showed extreme lipæmia (6%) and eruptive xanthomatosis in 1936. In spite of treatment with adequate carbohydrate and insulin, lipæmia persisted (2%) and hepatosplenomegaly developed. High carbohydrate fat-free diets made no fundamental difference to the condition. Later lipodystrophy of the face, shoulders, and hands developed, and enlargement of parotids and the general lymphatic glands became obvious. The basal metabolic rate is persistently between + 50 and + 75%. The case does not fit into any hitherto described syndrome, but resembles a case briefly described by Ziegler (*Brain*, 1928, **51**, 149). Splenic and hepatic punctures have failed to throw light on the fundamental pathology.

Dr. F. PARKES WEBER said that this case was unique, because of the great variety of the rare features which were associated with the diabetes mellitus. One knew that diabetes mellitus might be associated with one or more of the following features : (1) lipæmia ; (2) retinal lipæmia ; (3) hypercholesterolæmia ; (4) eruptive cutaneous xanthomatosis ; (5) *chronic enlargement of spleen and liver*, a very rare condition, apparently associated with permeation of the affected viscera by cholesterol-containing " large clear cells ". As to the *raised basal metabolism*, an investigation would be required to ascertain how often this was present in diabetics. As to the *lipodystrophia superior progressiva* (not necessarily progressive) he (Dr. Weber) had never heard of its association with diabetes mellitus and was most interested to know that such an association had been observed in the Mayo Clinic. He (Dr. Weber) had likewise never heard of the association of diabetes with an *atrophic symmetrical sclerosis of the parotid salivary glands*, as in the present case. The " biopsy " on one of the parotid glands seemed to show replacement of salivary gland parenchyma by lymphocytes and true lymph-follicles—just as in the condition known as " lymphadenoid goitre " the true thyroid gland parenchyma became gradually replaced by lymphocytes and lymph-follicles. The condition of the salivary glands in this patient should be compared with the changes in " Sjögren's syndrome " (*see* F. Parkes Weber and A. Schlüter, *Deut. Arch. klin. Med.*, 1937, **180**, 333).

Fractured Lumbar Vertebræ.—J. A. SEYMOUR-JONES, M.B.

A. B., female, aged 10 years.

History.—6.2.40 : Admitted to the Hampstead General Hospital under the care of Mr. Cameron MacLeod with the complaint of pain in the back.

She fell down some stairs in August 1939, but was able to get up unaided, and no ill-effects were noted.

December 1939, shortly before Christmas, she again fell down a flight of stone stairs in the house to which she had been evacuated. She got up without assistance and since then has been attending school, but complained of aching pain in the back, which was worse at night.

A third fall occurred a few days prior to admission. The pain became worse and her mother took her to the Hospital Out-patient Department.

Previous illnesses.—Chicken-pox, measles, mumps. No family history of tuberculosis.

On examination.—She is a well-nourished, intelligent child. In the dorsi-lumbar region of the vertebral column there is a well-marked sharply angulated kyphus.