cordium, which later gave place to signs of considerable pericardial effusion. He had irregular pyrexia, sometimes reaching 102° F., and tachycardia; pulse-rate 120 to 130. At this time the liver was not enlarged, and there was no œdema, ascites or pleural effusion. He had no other manifestations of rheumatism and no previous history of rheumatism or chorea. Tonsillitis two years ago. No family history of rheumatism.

After five weeks, pyrexia and signs of pericardial effusion disappeared. Meanwhile the liver became palpable and gradually enlarged until it reached three fingerbreadths below the costal margin; the abdomen became gradually distended and signs of ascitic effusion appeared. Dullness and diminished breath sounds were also observed at the base of the right lung.

Paracentesis abdominis on July 13; repeated twice since, 194 oz. being drawn in all. Right side of chest aspirated on July 24; repeated on four occasions.

At the present time there is a fair exercise tolerance, a brisk walk up the ward only producing slight dyspnœa. The veins of the neck are distended up to the angle of the jaw in an upright position. Pulse-rate average 110 to 130. There are signs of a right pleural effusion and small ascitic effusion. The latter has not been increasing lately, and no paracentesis has been performed during the last eight weeks. The liver is enlarged four fingerbreadths below the costal margin and is hard. No subcutaneous œdema. Heart: Apex beat is in the fifth space ½ in. internal to the nipple line, and does not move with change of position of the patient: sounds clear; no murmurs. Blood-pressure 125/90. Blood-count normal.

Pleural effusion: Turbid yellow with excess of white cells. Coarsely granular oxyphils 36%; lymphocytes 57%; endothelial cells 7%. No organisms. Guinea-pig inoculation test negative. Ascitic fluid: turbid yellow with excess of white cells. Lymphocytes 74%; finely granular oxyphils 26%.

Electrocardiogram: Simple tachycardia. Rate 140. Right ventricular preponderance. "T" waves upright.

Skiagram of chest: Right pleural effusion. Heart displaced slightly to the left. No cardiac enlargement. Left margin of heart very straight. No congestion of hilar vessels seen. No calcification of pericardium.

Discussion.—Dr. PARKES WEBER said that the term "Pick's syndrome" (excluding, of course, the interesting metabolic and cutaneous "diseases") had been used to include various conditions.

Mr. LAURENCE O'SHAUGHNESSY said that the size of the heart precluded a diagnosis of constrictive pericarditis and he would be inclined to diagnose a localized constriction of the inferior vena cava in its intrapericardial portion. Confirmation of this diagnosis could be provided by taking the venous pressure (Morawitz-Tabora) in one of the veins of the lower extremity and making a similar observation in one of the veins of the arm.

Defective Saliva.—R. COVE-SMITH, M.D. and ALAN MONCRIEFF, M.D.

This boy aged 16 months, the only child of healthy unrelated parents, has had a dry mouth since birth. It is stated that he has always had thick mucus in the mouth which at times has been ulcerated. Food is said to pass through him unchanged, especially vegetables. Although he makes the sound of crying, no tears have been seen.

On examination.—Weight 21 lb.; moderately well nourished; muscles flabby. The tongue and inside of the mouth are covered with thick mucus, teeth normal for age but poorly placed. The openings of Stenson's duct appear normal. No other abnormalities of skin or other organs found.

When given a lemon to suck he attacked it with relish but no saliva came, and after a short while the irritation of the undiluted lemon juice proved so great that the fruit was abandoned with crying.

X-ray examination of the jaws and chest showed nothing abnormal (B. Shires). A sialogram is being attempted. A sample of "saliva" (i.e. mucus from the mouth) showed no trace of ptyalin. Urinary diastase was normal, 20 units (normal limits up to 33·3). Fæces: No excess of fat globules, undigested meat fibres or starch (W. W. Payne).

Case of Hepatomegaly and Mental Backwardness. ? Ætiology.—G. H. NEWNS, M.D. (for Dr. DONALD PATERSON).

T. D., aged 3 years, male, an only child, has been backward since birth, and is now only beginning to talk. He has had a protuberant abdomen since the age of 9 months.

On examination, he is slightly below normal stature and is definitely retarded mentally. The abdomen is protuberant, and the liver is enlarged almost down to the umbilicus. The spleen was not felt. The urine was normal. The lævulose tolerance test showed a slight, but definitely abnormal, response, the blood-sugar rising from a resting level of 0·085% to 0·118% in one and a half hours and then falling rapidly. The response to adrenalin was normal, a blood-sugar of 0·205% being reached three-quarters of an hour after injection.

Skiagram of skull and bones normal. Wassermann reaction negative.

Discussion.—Dr. HELEN MACKAY said that two cases of von Gierke's disease showing spontaneous improvement had been demonstrated at a meeting of the Section in the past year. In one case recovery was nearly complete. She suggested that the effect of adrenalin injection on the blood-sugar might vary with the phase of the disease, and that the case shown by Dr. Newns was very probably one of glycogen disease, in spite of the normal response to adrenalin.

Dr. PARKES WEBER said that this case might well be one of von Gierke's hepatomegaly from accumulation of glycogen in the liver, unless it was one of fatty enlargement of the liver, analogous to the large fatty liver which he had sometimes formerly seen in rickety children who died from bronchopneumonia.

Renal Tumour.—R. C. JEWESBURY, D.M.

R. B., aged 6, male, swelling of the abdomen noted for six weeks; hæmaturia for a fortnight.

Family history.—Nothing significant. *Past history.*—Previously healthy.

History of present illness.—The swelling in the abdomen has gradually been getting more obvious. There has never been any pain. The child is in good health. There has been smoky urine on a few occasions.

Condition on admission.—Well-grown child. Not obviously ill. Afebrile.

Abdomen: Large hard tumour filling right loin, continued into a cystic lobulated mass which bulges out from the epigastrium. The mass is dull, it moves with respiration, and the intestines appear to be pushed to the left of it. The whole is painless.

Heart, lungs, central nervous system normal.

Investigations.—Urine: Blood noticed microscopically on several occasions. No pus, albumin or sugar. Uroselectan: No secretion apparent in either kidney up to fifteen minutes' interval.

Retrograde pyelogram (Mr. R. H. O. B. Robinson): Large tumour in right