

100 grammes. Twenty-four-hour excretion: 26.5 and 9.6 mg. urobilinogen on two estimations.

Blood.—Hb 64%; R.B.C. 4,000,000. W.B.C. 9,500; normal differential. Reticulocytes 1.2%. Platelets 266,000. Fragility normal. Bleeding time seven minutes four seconds. Coagulation time four minutes fourteen seconds. van den Bergh: Direct reaction 4.5 mg. Alkaline phosphatase 36 units. Plasma protein 6.3 grammes. Albumin 4.1; Globulin 2.2 grammes/100 c.c. Cholesterol 1,200 mg./100 c.c. W.R. negative. Blood urea 83 mg./100 c.c.

Mother's blood Rhesus positive, child's Rhesus negative.

Blood cholesterol of mother and one sister within normal limits.

X-rays of skull, chest and long bones revealed no abnormality.

Treatment.—Low cholesterol diet and thyroid extract, $\frac{3}{4}$ grain a day for three weeks, without clinical improvement.

Pulmonary Hæmosiderosis.—ALISON B. KING, M.B. (for MARY WILMERS, M.D.).

O. R., female, aged 2 years 8 months.

Family history.—Negative.

History.—Well until mild attack of measles in May 1948, after which child became lethargic, pale, constantly tired and breathless after little exertion. Appetite poor and weight static. Began to get repeated coughs and colds. Two attacks of "bronchitis" in June and September each lasting a week. Child was very ill with cough, fever and vomiting. There was no cyanosis. After June attack, jaundiced. Urine said to be darker than usual, after attack. Stools not pale. After July, urine and stools normal.

Examination.—Very pale, alert child. Normal height and weight for age. No physical signs in heart or lungs. Blood-pressure 106/70. Abdomen: Spleen not palpable. Liver palpable $\frac{3}{4}$ in. to 1 in. below costal margin.

Progress.—Two hæmatemeses. 7.10.48: Occult blood in stool.

Investigations.—7.7.48: Hb 50%. C.I. 1.0. E.S.R. 4 mm/hr. Reticulocytes 2%. 8.8.48: Hb 78% (on iron therapy). 5.10.48: Hb 50%—after September attack of "bronchitis". C.I. 0.8. Reticulocytes 3%. 15.10.48: Hb 72% (on iron). 7.7.48: W.B.C. 8,600/c.mm. Normal differential. Urobilinogen not increased. Fragility of R.B.C., serum bilirubin, platelets, normal. W.R. and Mantoux 1 : 1,000 negative.

X-ray chest: Diffuse pulmonary shadowing resembling œdema or ecchymosis—would fit the descriptions of hæmosiderosis of the lung.

Diagnosis.—Hæmosiderin-laden phagocytes found in material from lung puncture, stomach washings and sputum.

Multiple Aneurysms (? Congenital).—D. A. J. WILLIAMSON, M.D., M.R.C.P. (for BERNARD SCHLESINGER, O.B.E., M.D., F.R.C.P.).

Girl aged 9 months.

History.—Well until June 1948 when admitted to a hospital with otitis media and meningitis. C.S.F. contained increase in W.B.C. but no organisms cultured. Treated with sulphamezathine and systemic and intrathecal penicillin with complete recovery.

July: Boil in right thigh.

9.8.48: Lumps noticed in axillæ while bathing.

12.8.48: Sudden onset of vomiting and limpness.

13.8.48: Noticed to have complete flaccid left hemiplegia. No loss of consciousness but failed to recognize parents.

Admitted to hospital again. C.S.F. was normal except for the presence of 300 R.B.C. per c.mm. which were thought to be traumatic. The hemiplegia later became spastic but less marked.

1.10.48: Developed crop of petechiæ on left arm and leg.

Examination.—Intelligent contented baby.

C.N.S.: Reduced movements of left side of face and of left arm and leg. Early trophic change of left hand and foot. Head and eyes tend to be turned to right. Tone—some