Dr. LOGAN TURNER (in reply) said this was the only specimen of the kind he had seen, and apparently no members had previously seen a similar one. The embryonal inclusion theory was the most satisfactory explanation of the occurrence of cartilage in the tonsil.

Case of Myasthenia Gravis in which Throat Symptoms were an Early Sign.[1]

By C. P. SYMONDS, M.B.

(Introduced by Mr. T. B. LAYTON.)

FEMALE, a school teacher, aged 44. First complained of ptosis, when tired, at the age of 21. In April, 1919, whilst teaching her voice became nasal just as if she "had a cleft palate," and she was unable to clear her throat properly. Subsequently dysarthria, difficulty in chewing and in swallowing. All these symptoms cleared up from time to time. Later she had double vision, and at times lost power in the upper and lower limbs. She has been carrying on her work without intermission from September, 1919, up till September, 1922, though from time to time she has been working under considerable difficulty owing to her symptoms. At present the incapacity for sustained effort is most marked in the upper eyelids.

The symptoms in the early stages were such that the patient was twice referred to a laryngologist for an opinion. The characteristic features of myasthenia gravis in the early stage were present, as there were marked remissions of the symptoms, and these only occurred on fatigue.

From the point of view of the neurologist, it is interesting that this patient's condition should have been repeatedly diagnosed as hysteria. It is time that hysteria ceased to be a dumping-ground for unsolved diagnostic problems, especially since — by a proper mental examination — positive evidence of the disease, when present, can be discovered.

DISCUSSION.

Mr. E. D. D. DAVIS said he had seen three cases of the kind, in addition to those shown at the Section. These patients usually came to the laryngologist on account of a defect of speech. His cases were fairly advanced, and the patients had a marked nasal voice typical of a paralysis of the soft palate, with regurgitation of fluids through the nose. On examining the palate, it was seen that the paralysis became more and more marked as the patient became fatigued. The larynx showed a definite adductor chink as seen in functional aphonia and, on inducing fatigue, the cords became immobile and resembled abductor paralysis, also difficulty in swallowing was experienced. The variable paralysis with the expression of the face was characteristic, and if accompanied by ocular paralysis the diagnosis was complete. He asked as to prognosis. Some patients suffered from attacks of dyspnœa. Mr. Somerville Hastings had shown such a case in which death occurred suddenly from dyspnœa. One of his own cases remained in much the same condition for two years and then was lost sight of. Patients were said to improve greatly during pregnancy and, on the assumption that the disease was due to a disturbance of the internal secretion, polyglandin had been prescribed. Dr. Farquhar Buzzard reported that these patients had creatin in the urine, and that this substance was absent from the muscles. Dr. Buzzard also

[1] For a full report of this case, vide *Guy's Hospital Gazette*, October 28, 1922, p. 445.

published in *Brain*, 1905,[1] the reports of five post-mortem examinations in cases of myasthenia gravis. He asked whether Dr. Symonds had tried polyglandin, and with what result.

Mr. ARCHER RYLAND pointed out that there was a marked reduction of sensibility of the soft palate in this case. When this sign was present, he was always suspicious of a possible "hysterical" condition. He asked Dr. Symonds whether, in his opinion, this phenomenon—as an indication of "hysteria"—had been overrated.

Mr. SYDNEY SCOTT said he had seen several of these cases through his association with the National Hospital at Queen Square, but when he saw them the diagnosis had been already made, and it became a matter only of laryngeal examination. He had noticed the ptosis, the weak muscular movements of the palate and tongue, as well as the laxity of the vocal cords. He suggested that possibly the apparently reduced sensitiveness of the palate, present in these cases, was comparable to the apparently sluggish corneal reflex in cases of facial paresis; and he asked if Dr. Symonds agreed that this was so.

Dr. C. P. SYMONDS (in reply) said the prognosis of the condition was less serious than was generally supposed. The danger was in the fatigue involving the respiratory muscles and so causing death from respiratory failure. It some cases artificial respiration had been kept up for many hours, and the patients lived for a year afterwards. Spontaneous remissions were characteristic of the disease. The patient in one of the five cases he had seen died six months after the onset of the disease. The present patient seemed to have had some symptoms for eighteen years, based on the ptosis. It was difficult to make a prognosis in any given case. These patients had marked freedom from the symptoms during pregnancy. One patient in hospital was transfused with blood from a pregnant woman, but without benefit. He was now trying large doses of corpus luteum, and the patient seemed better. The creatin findings fitted in with the low muscular metabolism; further observations were required before it could be known that abnormal creatin output had anything to do with causation in this disease. He did not quite agree with Mr. Scott's explanation of the apparent anæsthesia of the palate. Many of the patients complained of sensory symptoms; in one case the symptoms began with a loss of taste, and that was followed by anæsthesia in the tongue. The present patient herself discovered the anæsthesia of the palate accidentally. He did not regard anæsthesia of the pharynx as a valuable sign in hysteria. The so-called stigmata of hysteria could be produced in most people by suggestion.

Case of Myotonia Atrophica with Implication of Left Crico-arytænoid Muscle.

By HERBERT TILLEY, F.R.C.S.

PATIENT, a male, aged 26. History: For five years has complained of increasing muscular weakness which is aggravated by exertion. This was first noticed when, as a soldier, marching made his legs "flop about" and he had great difficulty in rifle drill.

Past illnesses: Malaria, sand-fly fever, dysentery, influenza, and "dry pleurisy." No history of syphilis.

Family history: No similar case known to patient.

Present state: Patient is a thin, under-developed man, of dull, apathetic appearance. Voice high-pitched and weak. Speech is rather indistinct and

1 Buzzard, E. Farquhar, "The Clinical History and Post-mortem Examination of Five Cases of Myasthenia Gravis," *Brain*, 1905, xxviii, p. 488.