An Incomplete Form of von Recklinghausen's Disease.

By Dr. Macdonald Critchley.

The patient, a girl, aged 11, came under treatment for an epileptic attack which occurred three months ago. Eighteen months previously a subcutaneous tumour (neuro-fibroma) had been removed from the right forearm.

There is a very definite degree of pigmentation over the trunk, consisting in numerous lentigines and café au lait patches upon a uniformly stained background. No skeletal changes. No neuro-fibromata. No endocrine or psychical abnormalities. Nystagmus on lateral ocular deviation.

The family history is negative except for a sister with scoliosis.

Dr. Parkes Weber pointed out that such a case should be referred to as an early, not as an incomplete form, of von Recklinghausen's disease, as the majority of them develop into the typical disease. He referred to a girl, then aged 15, whom he had shown at the Dermatological Society in 1905, with pigment similar to that present in Dr. Critchley's case. In the present year she is a characteristic example of neurofibromatosis, and in addition to isolated tumours has a large plexiform neuroma on one side of the neck. The pigment is now the least prominent symptom. Other similar cases have been reported.

Dr. Cloake asked if a hypertrophic neuritis is ever associated with von Recklinghausen's disease, as a patient under his care who has pigmental spots complains of paresthesiae in the limbs and the ulnar nerves are thickened, but there are no tumours.

Hemiplegia supervening upon an Atrophic Limb.

By Dr. Macdonald Critchley.

The patient had an attack of acute anterior poliomyelitis during childhood, which left him with an atrophic paralysis of the right shoulder-girdle and upper arm-muscles.

Twenty years ago he had a stroke giving rise to a right hemiplegia.

Reflex contractions can now be elicited with ease in the atrophic muscle groups.