phalitis, observed over a 10-year period in one hospital. The chief interest of the study lies in the post-mortem findings in 7 fatal cases. The most pronounced feature in those with the shortest history of neurological symptoms before death (3 days or less) was the presence of scattered areas of cellular infiltration of the adventitia of the veins. When symptoms had been present for 3 days or longer, the better recognized sign of demyelination began to be obvious, accompanied or followed by increase of microglia in response to cell damage. The authors consider the condition primarily inflammatory. Certainly in cases where neurological signs precede or appear with the rash, perivascular infiltration or a haemorrhagic encephalitis is commonest. The nature of the association between the exanthem and the encephalitis remains unsolved.

Sequelae are common. In a follow-up study of 33 cases, only 13 appeared entirely normal. Minor or major signs of cerebral alterations were present in the remainder. In the acute stage, human measles immune serum and human pooled plasma were without effect. *W. G. Wyllie.*

The Pathology of Gaucher's Disease in Early Childhood (with Special Reference to the Neurological Form). GIAMPALMO, A. (1949). *Acta paediatr., Stockh.*, **37**, 6.

The author studied two siblings with Gaucher's disease beginning in the one case in infancy and in the other in early childhood and pursuing a rapidly fatal course. He collected from the literature another 28 cases of Gaucher's disease occurring in the first year of life, and on the basis of these 30 cases he describes the pathological features and the symptomatology of Gaucher's disease at this age. When the disease appears in infancy it differs from the same condition in older children and adults. The differences are that it runs a much more rapid course, death occurring always within the first two years of life, that superficial lymph nodes are usually enlarged, that skin changes are absent and blood changes slight, and that frequently neurological symptoms form a prominent part of the clinical picture.

[The details of the clinical picture, the pathological changes, and the author's views on the pathogenesis of the condition should be read in the original.]

S. A. Doxiadis.

Cystadenoma of the Pancreas. A Report of Two Cases Showing Calcification. HAUKOHL, R. S., and MELAMED, A. (1950). *Amer. J. Roentgenol.*, **63**, 234.

In the two cases reported the tumour occupied the head and tail of the pancreas respectively. Both occurred in women (53 and 75 years) who gave short histories of abdominal symptoms. Calcification has not previously been reported in this type of tumour, according to the author.

Cushing's Syndrome and Thymic Carcinoma. HUBBLE, D. (1949). *Quart. J Med.*, **18**, 133.

A detailed description is given of the symptoms and signs and necropsy findings in the case of a man aged 47 with Cushing's syndrome associated with a carcinoma of the thymus. The patient had a niece who was a pseudo-hermaphrodite and who died in infancy, and a nephew who had pubertas praecox and died in childhood. The patient himself died 8 hours after surgical removal of the thymic tumour, the blood pressure never rising above 58 mm. Hg. The cells of the tumour were epithelial-like. The suprarenal glands together weighed 28 g. and contained numerous small extracapsular adenomata 1 to 2 mm. in diameter; the anterior lobe of the pituitary gland contained typical hyaline basophil cells. After a review of the literature the author concludes that in Cushing's syndrome there is a tendency to carcinogenesis.

A. C. Crooke.

Correction.—Dr. Cumings writes that "on page 346 of the November issue under 'normal controls,' the third line of this paragraph reads '. . . blood creatinine was 0.5 mg./100 ml. or below. . . .' The word 'creatinine' should have been 'creatine.'"