Niddelburg
Cape Colony
4, 6, '00.

Mr. J. Gilbert Esq.

Dear Sir,

I am sending with this my rewritten thesis on
"Acromegaly, notes of a case and
with special reference to the
Siamese theory of regression of the
hypophysis" my required notes and
theses. I have had to rewrite it very
hurriedly in order to be in time
for matriculation.

Yours very truly,

[Signature]
Dear Mr. Haller,

I am truly pleased to hear from you. I have been following the development of the project with great interest. The recent progress has been exciting and the team's dedication is commendable.

I look forward to further updates and would be happy to discuss any specific aspects of the project in more detail.

Sincerely,

[Signature]
Case of Miss M — aged thirty-two years
Having been called to the house in which
Miss M — lived, to see another patient, I, by
accident, went into a room in which it
appears Miss M —, with her consent, had been
kept for years as a decline, her appearance
being so extraordinary that she was ashamed
to be seen, and her parents and sisters
equally anxious that she should not be
seen. Having discovered her I got the full
history of the case from her parents and also
was permitted to bring two other medical men,
resident practitioners in S. London
Dr. H. Paley MRCS LRCP. London and
J. P. Findlay MD. Ch. Plas. — to see
the case with me — She is an European —
height 5 ft 5 in. Weight 11 stone 4 lbs —
Somewhat bulky. Both parents are said to be
The condition started last year, she dates
it from a dance she then attended when her
menstrual period was due, she noticed that joints
and thinks she caught a cold; she felt very
tired and languid for a considerable time
afterwards, and went away to Koughna for a
change, she did not improve and her menstruation ceased entirely for two years, and then returned but very scantily and irregularly. She is thoroughly under the impression that tuberculosis plays some part in the causation. She noticed her hands and feet swelling soon after the disease stopped, and her face beginning to change and her head got bigger. This swelling seems to continue with about twelve months ago, since when she believes it has remained stationary. She is subject to headaches but apart from that her general health is fairly good. The head is enlarged both cranium and lower jaw. The superciliary ridges are remarkably developed, her eyes prominent. Her nose large, broad at the base, skin of forehead wrinkled and furrowed, particularly the face, coarse, yellowish in Colour, mucky, and appearance of the Sebaceous glands plainly to be seen. Her lower jaw is massive and projects somewhat beyond the upper jaw. See photograph taken when she was twelve years old. She appears with a small and pointed chin, but her lower jaw is massive, her neck is thick and here is enlargement of the Thyroid gland particularly of its right side and here is occasional palpitation...
The patient is accumbent and there is a
V.C. resonance, soft heart at the base.
The head measures 28" in circumference. —
Distance between eyes (pupil to pupil) 3⅛ ".
From the articulation of the lower jaw on one side
Round chin to the articulation on the other side
measures 15½ " — The bones of the forearm
appear elongated — Her hands are large, the palms
wrinkled and furrowed, they are square shaped
and the points of the fingers are spatulate. —
The measurements are: 

<table>
<thead>
<tr>
<th></th>
<th>Right (R)</th>
<th>Left (L)</th>
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<tbody>
<tr>
<td>Head breadth round corpus</td>
<td>7 ½&quot;</td>
<td>7 ¼&quot;</td>
</tr>
<tr>
<td>Knuckles</td>
<td>9 ¾ &quot;</td>
<td>9 ½ &quot;</td>
</tr>
<tr>
<td>Length of pinky finger</td>
<td>8 ½ &quot;</td>
<td>8 &quot;</td>
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The skin of arms and hands is very coarse
and the arms are covered with coarse hairs.
There is no apparent enlargement of the sternal
ends of the ribs and the clavicles appear in
proportion — She stoops and her head is thrown
forward in walking giving her a much demeaning
appearance — Her skin of her legs is coarse and
like her arms covered with coarse hairs — Her
ankles measure: 11 ½ " — 11 ¼ ".
and at the broadest part of the feet (metatarsal—phalanxal joints) her measurements are 11 4/9. 11 1/2.

The soles of her feet are wrinkled and furrowed in a most unusual manner. Her head is weak, pale, flabby, her slightly enlarged and the uterus as far as I could tell seemed infertile. She suffers a good deal from constipation and aches a great deal. She suffers a good deal from cold and complains of her hands and feet never feeling warm. She has after her body is yellowish in colour and muddy patches here and there. Her hands are not noticeably larger than is usual in a muddy-brown race. Her pliability is enormously developed. She is lethargic and skeptical, complaining of pain in the left shoulder and other parts, probably rheumatic. Her pains have only troubled her lately. She has helped with the cleaning of the house and with her hands, but her muscles were not always the same. She was a needle with precision. The left sight is beginning to fail (optic neuritis). She can't see well at the work to do, for the first her special senses have not apparently been so yet affected. Her treatment has been of the slightest avail except the white treatment directed to the
amenorrhoea for which she takes some pills (Hooper female pills) there, she believes, from on the floor: and she attributes the cessation of the pituitary enlargement 12 months ago to this treatment. Unfortunately the patient will not allow any photograph of herself to be taken, she feels her condition acutely - The case is I think interesting since much as true acromegaly is exceedingly rare, and the disease has only come into medical science so recently as 1886, the literature of the subject is therefore limited, moreover this is, I believe, the first case of acromegaly met with among Europeans in South Africa.

Acromegaly (from ἀκρός extremity + μεγαλός large) seems to have been first described in the Revue des Hépatiques in 1886 by a French Physician, Marie, it is characterized as has been seen from the foregoing, by enlargement of the hands, face, and feet, the forearms and legs remaining more or less normal i.e. signs in my case the sizes amount was due to hypertrophy of both soft parts and the bones, but this would appear to be more invariably the case. In a report of a case of Acromegaly under Sir W. Broadbent appearing
in the Lancet of March 28, 1896. Such changes are shown in which the hypertrophy of hands and feet are seen to be due to hypertrophy of the soft parts. The bony parts being apparently normal. The frontal sinuses are frequently often seen to be unusually prominent, the supraorbital ridges are always unusually developed and the skin of the forehead pronounced. The nose also gets broader. The tongue is described by some as sometimes undergoing considerable hypertrophy. The teeth are normal in size, although in account of degeneracy of jaw they may get separated. As regards the skin writers differ. The skin is described as yellowish coarse and dry, in one case the skin as well be shown as yellowish, with many patches coarse and dry the skin becomes very hairy, but the-picture is purely - more than usual. The lower jaw becomes square, smooth and in some cases is so hypertrophied as to reach the sternum, thus the teeth would not reach these of the upper jaw but project giving rise to gnarly appearances as the face in any case this is to a certain extent the case - Early caption of the disease seems to be a constant symptom in female cases. It has
been assigned to a cause of aromegealy by some of the German writers. There is often an exaggerated dorsal curve and in the lumbar region lordosis. The thorax is said to increase in the antero-lateral direction and there is lateral flattening, in my case I have already referred to the short and forward projection of the head—often referred to in common in aromegealy (one case seen under T. Campbell of London c. 1899 was totally blind) in my case it is present accounting for her complaining feeling sight. The thrice in some cases of aromegealy is described as becoming deep and stricking. The features of the chest are in many cases very prominent forming crests, and the occipital protuberance very marked—A feeling of cold which I noticed in situ was complained of frequently in my case appears to be a variable symptom some being very much affected by cold others again not. The optic and trigeminal areas are prominent. The lower lip is prominent. The ears are in many cases much enlarged. The hands and feet are in some cases not so much elongated as broadened, in my case hands are much elongated as well as broad and
autopsy - Cush. here we have a true hypertrophy, the cells is increased, the walls of arteries and veins of blood vesseles are thickened, the cells of the reticulo-endothelial contain pigment.

Internal organs - the liver, spleen, may show marked enlargement also the stomach. Muscles may remain for a fraction of life time unaltered, but finally the increase of fibrous tissue, varying and atrophy of the muscular elements - in cerebral, spinal, etc. Spleen and choroid has been found much enlarged, but the uterus in many cases infanile - The Thyroid gland (according to Kochfeld) may be either enlarged or atrophied also the Thyroid - Nervous system has in a simple hypertrophy of the ganglia and cord of the Sympathetic according to Fritsch & Klink. Thickening of the Perivascular vesseles, cranial nerve. Klink has also found the brain hypertrophied. The pituitary body is found hypertrophied in affections in some way in all cases of Acromegaly - in some cases notably those by Broca, Marie, Hebra, the pituitary body was simply hypertrophied in other cases some growth of Colloid degeneration was found to exist. The deduced cause of Acromegaly is as from unknown. There are many theories on
The subject has most seem to hold the view that the symptoms are due to the change in the pituitary body. Thirsty some practitioners have been found in certain cases and in all the pituitary gland was found affected. Other have regarded the disease as a neurotrophic affection on account of the changes in the sympathetic ganglia and peripheral nerves. Others again have regarded the disease as due to the persistence of the Thyroid gland. The pituitary body would appear to stand in the same relation to Acromegaly as the Thyroid gland does to Pheochromocytoma.

**Diagnosis** - The disease is very chronic, and sometime there may be prolonged stationary periods and temporary recession. Then again, again.

**Diagnosis** - The disease most likely to be mistaken for acromegaly is hypothyroidism. And in the former the thyroid, on the other hand, the latter might be difficult to distinguish them. Moreover, the hands here, hypertrophy in the latter affects the digits more and more. In the latter we have no deforming changes in the shafts of the long bones and
Further the hypertrophy is always symmetrical in diameter and the deficiency being limited to the base of the heart are sufficient to differentiate it from diseases from diffuse hypertrophy also. Observations are not certain with the points of difference are too obvious for mistakes to be made in the diagnosis. It is of interest to note that in regard to the face in fullness height it is elongated with the base and downward - in cirrhosis the face is triangular with the base upwards - and in prostration it is round and smooth. As regards treatment: In my case, as before mentioned, the patient tried numerous tonics and patent medicines without avail and finally took Hesper female pills to bring on the release this she states had the effect of bringing the attack in her irregularly. Naturally both she states the amelioration of the progressive symptoms from the time she took the pills - relief of Phlebitis body and to the voided fluid whatever has been tried and in a case under Campbell London N. H. Hospital (June 1879) I saw one patient who had wonderfully improved under the treatment of Phlebitis body.
and General. The patient seemed to be improving on it. Removal of the tumour of the pelvis by hot water had been tried but with little success. The operation was not successful.

Tumours of the skin have also been tried. While of Autocinum and Locust have been used to cause necrosis of the skin. Malignant and also electricity have been tried but without much success. These tumours have been used most success by Autocinum of the body, times general attention to health.

And now as regards the Theory of Heredity to the Specious Type - I believe this theory was first propounded by Dr. H. Campbell of the London (Woolf & Brist) Hospital and when I attended lectures by him and read his theory that the homo-epigeno-merous means is that a regression to means specific or anthropoid ancestors it seemed but a theory indeed; however when I saw the case I then reported in London, soon after, the strong resemblance to a gorilla which she bore, so startled me and Dr. Campbell's theory recurred with a great deal more force then before and I desired to look into the matter and fix an
for as I looked where the different points of resemblance between the anthropoids and man on the one hand, and my case of Aetromegaly in particular on the other began blended - at last I think the sloping quite, and the thrusting forward of the head, in my case which was so remarkably Gorilla-like and so resembling the spine of the two the chief had in the anthropoids there is a large cervical dorsal curve - the spinoïd processes are much developed than in man especially in the cervical region, the sacrum and coccyx are less curved and more vertical than in man - in Aetromegaly there is always the cervical dorsal curve similar to that found in the anthropoids and the sacrum - coccyx tend to become stratified and vertical and the spinoïd processes have been described as remarkably developed in some cases of Aetromegaly. The transverse processes of the last lumbar vertebrae are very wide in the Chimpanzeg Gorilla - They are closely connected with the skin. The last lumbar vertebral may be found analogous to the sacrum in the Gorilla, and the skin is more massive than
in man. In accordance, the pubis has often been described as hypertrophied or thickened and it is an interesting fact that in a case by Dart Alt the bunion of the pubis was broken and the transverse process of the fourth lumbar vertebra closely connected with the idea was also that the last-humerus vertebra was partly attached to the sacrum - very closely approximating to the gorilla type - as described by Huxley - and now we regards the head. I have mentioned the sacrum post-nasal prominences and frontal sinuses. In my case the prominent sphenoid and also and many writers have described the existence of crest-like prominences at the sinuses of the skull, in my case this is not a noticeable feature, the capacity of the skull is not enlarged by the inoculation of the frontal sinuses and prominences together, the mento-molar process is not in a rule enlarged. In the adult anthropoids crest-like prominences replace the sinuses of the skull, the sagittal crest in the male gorilla being very large and the mento-molar process appears to be but ill-developed in the anthropoids. The supra-orbital ridges are very pronounced in the anthropoids.
and the frontal sinuses being also generally large. Next as regards the jaw bones —
The jaw bones in the anthropoids are large, massive and they are prognathous and the
buccal area of the jaw is very large, so that the
masticatory process is pushed upwards and
thus with the large malar projections which
characterise the anthropoids is produced —
In lemurs the buccal area of the jaw is
much enlarged causing the large face, and
the jaws also enlarged in my case this was
not so noticeable with regard to the upper
jaw, but the lower jaw was enormously developed
and prognathous (when I was in Australia
in 1890 I noticed that some aborigines
whom I went to see at a location in northern
parts somewhat prognathous and had especially
had prognathous jaws).
In anthropoids the malar bones are enlarged
and prominent, sometimes so much so as
to give a a more prominent appearance to
my face. They were very prominent giving a
great breadth to the face. In the anthropoids
the malar bones are large and prominent in
some of the Huancutuco and Kaffirs about here
The malar bones are very prominent — The nose in Acromegaly and in my case, particularly was greatly developed especially at the base. The nostrils have been described as fitting tightly and sometimes as being flattened, and again as thick and turrit — And the eyes in my case were prominent. In the anthropoids the eyes are prominent, mostly close together, and the eyelids are wrinkled with furrows into deep folds. The eyelids in Acromegaly have been described as thickened in some cases and wrinkled. As regards the nose in the anthropoids we find it large flat and more fleshy, especially at its base, and the nostrils in different anthropoids differ somewhat, in the forehead they are large and triangular in shape (nostrils in Acromegaly much broader). It is a characteristic of some of the lower races, about here to have a broadened flattened nose and some especially hot-tempered to appear to have no bridge to the nose at all — The hips in Acromegaly have often been described as thick in my case they were thick but not to any extent or to cause special concern. — In the forehead the lips are thick.
and we know that thick lips are characteristic of the lower races of mankind negroes etc. The parallelism between anthropoids subjects and the anthropoids is not apparently borne out by the tongue for we find it described as denonnes in achromenol whereas in my.

The tongue described as small in anthropoids in my case the tongue was large and flabby with indentations of the teeth but not more so than I would expect to find in a rather bulky woman with marked dyskinesia.

The neck in the anthropoids is short and thick with a posterior convexity and the head tends to sink in between the shoulders. The posterior convexity is very marked in the gorillas owing to the greatly developed cervical spines and muscles. In achromenol the neck is often short and thick as in my case and in one case described by BOTH the shape of the neck was very large.

The thorax is the anthropoids is different from that in men in that it is not being longitudinally sagittally and in the marked widening found above downward so that the circumference is greater below than above and the sternum
The three consequently more oblique and the brachycephalicforehead would appear to be diaphragmatic. The
jets of the foramina are thick and the ridges of
the sternum prominent. Under these, we have distinctly antero-posterior fractures for the
separated characters of the chest in whose
in much increased, the sternum is more oblique
and the ridges can often be distinctly felt
and the circumference below is so much more
than that above and the breathing is therefore
chiefly diaphragmatic. The arms are very long
seem disproportionately long to their course
and very heavy. The hands much elongated
[greater breadth and length] and the palmar of
the hands wrinkled and furrowed. The
clavicles and scapulae have been described as
much hypertrophied in some cases but this was
not a noticeable feature in any case, the
palmar of the hand has also by some writers
been described as curved by horny pads
separated by deep furrows.
In the anthropods the hands reach below the knee,
all the bones of the upper extremity are more
minute in the foramina than in man and the
hands are large very wide with short thick
fingers and the palm is covered by thick pads separated by deep furrows. The lower extremities are shorter in the anthropoid
proportion to the rest of the body than in men and are hunched and in the gorilla tiny muscles and the feet are flat. The gorilla has a long broad flat foot with a concave sole and the sole is provided with projecting pads as furrowed and wrinkled as in the
palm. The plantar surface of the foot tends to turn inwards. The bones of the lower extremity are also usually tend to increase in size, and
in one case seen in London under R. H. Campbell there was decided bowing of the legs which the history of the case showed had not begun with the commencement of the disease.
The feet are generally flat. This is so in any case and the soles of the feet furrowed and wrinkled although there are no distinct pads. The gorilla has very
powerful upper extremities and the whole muscular system is enormous but the lower extremity of
the anthropoid is but ill developed and the heel of Cebus and their shanks is quite noticeable among the primitive races and
fingers. Julius and other Kaffir tribes of South Africa although possessing in many cases a splendid physique tall and upright, in no instance have I ever seen a decently good calf or a thick man.

This is in Aeronomathy a tendency to frank muscular development corresponding to the long hypophyseal axis. The account of the blood lethargy anaemia which is always present here is the reason why frank muscular development is not a prominent feature of the disease and nor is the atrophy may be caused by the want of use and ill-health.

The skin in Aeronomathy is always coarse and the forehead thrown into folds and wrinkled. This is markedly so in my case. The offending of the subcutaneous glands are also prominent. The folds of the forehead or forhead may be due to the enlarged suprarenal ridge or the skin about the eyes is often wrinkled and the skin of the body if face is often pigmented in my case bunby patches.

The skin is described as being thin and tough for the body in some cases of Aeronomathy and increase in the thickness and transverse
of the skin is a constant pneumatic

The hair is abundant and always curved and there is a tendency tobecome the form of the skin, even in aged. Meat are also

found. There is also excessive sweating in

many cases and a great susceptibility to
cold, as in any cold. - In the Anthropoids the

Skin is coarse, longer, and more hairy than in

man, it is also brown, the skin is also more fleshy

than in man, and there are many from the which
are scattered over the face, palmar at some of

the Anthropoids. - The skin is frequented by insects

Anthropoids especially in the hands - There is a
great susceptibility to cold and the subcutaneous

vessels are probably highly active -

- As regards the reproductive system,

The labia major and minor, however are almost

entirely absent in the Anthropoids, but the

vulva and the clitoris are large. The mammae

are also small in the Anthropoids except during

lactation. In Aetemalage, the clitoris and

vulva are frequently enlarged, as in any case,

while the labia major and minor are as

a rule not noticeably enlarged. This hypertrophy

is therefore distinctly selective - The Antho
but contending that anything like a complete
revision can be forced, nonetheless he point
of resemblance are sufficiently striking to
justify further investigation and study. To
deprecate the points of resemblance between
the anthropoids and African aborigines patient

d. Large infratemporal ridges. Vomeral proeminence.
2. Masses and forehead jaws.
3. Prominence of the eyes.
4. Wormian bones or foramen of fossa.
5. Shortness in thickness of neck.
6. Forward head of the spine, and stoop.
7. Large size of clitoris.
8. Incidence of the thorax
9. Forehead wrinkles on palms and soles.
10. Breasts and common freckles of skin.
11. Vending of pigmentation.
12. Scanty deposit of fat in face
13. Formation of pads and pressure of palm.
14. Mediasternal breathing
15. Susceptibility to cold
16. Activity of the cutaneous glands
17. Common feet
18. Breast flabbiness of more.
19. Flat feet.
20. Straightness of the sacrum. Bones and length
of the carotid and spinal —