Fragments of the anterior pituitary of young rats were cultured in contact with fragments of the adrenal cortex of newborn and fetal rats, and the corticosteroids present in the medium were estimated. The results of these experiments showed that the 17-day-old fetal rat adrenal can react to corticotrophic hormones.

Effects of Chromosomal Anomalies on Fetal Development. D. I. RUSHTON (Department of Pathology, University of Birmingham).

Trisomy G. Normal Mosaics in Non-mongoloid Mentally Deficient Children. J. L. J. Gaillard (University of Leiden).

Solitary Rhabdomyoma of the Heart. J. HAKASALO, O. RASANEN, and F. STENBACK (Oulu, Finland). The patient, a boy, had slight postnatal asphyxia, but made normal progress until at 7 months of age there was a 7-day episode of convulsions. At that time the first chest x-rays and ECGs were taken. Left ventricular enlargement with an abnormal, egg-shaped, cardiac contour was seen. The ECG showed left bundle-branch block, which was a constant finding for the rest of the patient's life. Physical examination of the heart, and physical and mental development were normal. At the age of 4·7 years the boy contracted pneumonia, followed by convulsions and respiratory arrest. Some days later he died, after a cardiac arrest. At necropsy no tuberous sclerosis or other malformations were found. In the lateral wall of the left ventricle, at the apex of the heart, a spherical, pale, spongy, and sharp-bordered tumour was found, measuring $3 \times 3 \times 4$ cm. The histological sections presented a typical picture of a rhabdomyoma of the heart. In this case three unusual features of the disease were evident: the tumour was single, the disease was not associated with tuberous sclerosis, and the life span of the patient was quite long. A triad of an abnormal ECG, an abnormal cardiac contour, and convulsions should always arouse suspicions of a heart tumour.

Three Cases of Testicular Adenocarcinoma of Infancy. T. E. PARRY (Cardiff). The following cases were reported. *Case 1.* A soft grey translucent tumour was removed from the scrotum of a 14-month-old boy. It had been present for 11 months. A recurrence was excised 3 months later. The child died at the age of 19 months; at necropsy the pelvis was filled with greyish translucent brain-like tissue which extended into the abdomen. There were extensive peritoneal metastases, and small secondary nodules were present in the left lung. *Case 2.* A 5-year-old boy was admitted in April 1960 with enlargement of the left testis which had been noticed for 6 weeks. He was otherwise well. A testicular tumour measuring $5 \times 4 \times 3\cdot5$ cm. and consisting of soft friable greyish material was removed. Recovery was uneventful. In June 1960 he was readmitted with acute appendicitis and an acutely inflamed appendix was removed. No

evidence of metastasis was seen. He was alive and well 6 years later. *Case 3.* A boy aged 2·5 years presented with a swelling of the left testis in August 1967. Apart from some anaemia (Hb 9·6 g./100 ml.), nothing abnormal was found on clinical examination and the chest x-ray was normal. The tumour was excised. Examination under anaesthesia 2 months later was normal. He remained well until Christmas 1967, when he complained of pain in the abdomen and legs, and began to lose weight. By January 1968 a large mass was present in the left hypochondrium. Treatment with 'provera'—a progesterone compound—was given, but the patient died one month later. At necropsy a large soft retroperitoneal mass was found overlying the left kidney. On section the tumour presented a greyish translucent appearance resembling neonatal brain. Secondary deposits were present in the para-aortic glands and in both lungs.

All three tumours presented similar microscopical appearances. Each showed an adenocarcinomatous pattern, with well-marked tubular and glandular areas as well as solid sheets of undifferentiated cells, many of which were vacuolated. The cells were rich in glycogen, mucin was present in many of the acinar spaces, and fat stains were weakly positive. The macroscopical features of soft homogeneous greyish translucent brain-like tissue appear to be sufficiently characteristic to suggest the correct diagnosis.

Case 1 was included—as their Case 4—in the series reported by Teoh, Steward, and Willis (1960).

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- Teoh, T. B., Steward, J. K., and Willis, R. A. (1960). The distinctive adenocarcinoma of the infant's testis. *Journal of Pathology and Bacteriology*, 80, 147.

Lymphangioma of Bone. H. B. MARSDEN (Royal Manchester Children's Hospital, Manchester).

Blast Cell Proliferation in Children with Untreated Acute Lymphoid Leukaemia. H. P. WAGNER (Berne).

A Case of Dys- γ -globulinaemia. D. I. K. EVANS (Booth Hall Children's Hospital, Manchester). A girl now aged 10 years first developed atopic eczema at 3 months of age. She had had recurrent infections including three attacks of generalized herpes simplex, four attacks of pneumonia, and five attacks of pneumococcal meningitis. γ -globulin treatment was ineffectual.

The tonsils and lymph nodes were small. Circulating lymphocytes averaged 1000/cu. mm. Platelets were normal. Bone-marrow lymphocytes and plasma cells were normal. Immunoglobulins showed high IgG, high IgA, and low IgM values (e.g. IgG 3900, IgA 400 and IgM 27 mg./100 ml. serum). Anti-A titre 1/16, anti-B titre 1/8. There was no response to 0·1 mg. DNCB after a 1 mg. sensitizing dose, and no delayed hypersensitivity to candida antigen.

Two injections of TAB produced antibody titres to *S. typhi* H of 1/250 and *S. paratyphi* B H of 1/125,