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at school, especially during prayers, and he tended to yawn afterwards and to feel rather tired. Very occasionally typical major epileptic manifestations had occurred despite continued treatment with anticonvulsants.

Physical Examination. He was at 12 years of age a big, plump, rather simple lad, with red cheeks and a frequent smile (Fig. 2). The skin was hairy and greasy, with active acne vulgaris on the face and trunk, and many scars of old acneiform eruptions. Striae atrophicae were present on the flanks and lower abdomen. The blood pressure was 110/80 mm. Hg. A functional systolic cardiac murmur was audible. The optic fundi and visual fields appeared normal. No abnormalities were found in the central nervous system or other systems.

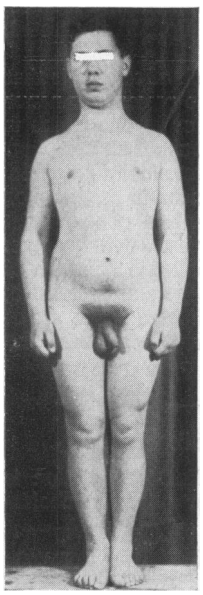

FIG. 2.—Patient at 12 years.

Mental and Psychological State. Though the patient considered his ability to be average at school, this opinion was not shared by his schoolmaster who considered him rather backward. His I.Q. was unexpectedly low at 51. It had been assessed at 80 when he was 5 years old, and again at 10 years, though at 11 and 12 years of age it was estimated at 56.

There was no history of sexual activity; he is not particularly attracted to girls, and prefers the company of adults to children of his own age. His ideas as to vocation are variable, and at present he wishes to become either an actor or a B.B.C. announcer.

Investigations at the Age of 12 Years. Blood counts and blood sugar levels were normal. Routine urine examination revealed no abnormalities; the estimation of 17-ketosteroids (calculated as androsterone) gave a figure of 5·6 mg. in 24 hours, which is within the normal range. A radiograph of the skull was normal, but radiographs of long bones showed a moderate degree of chronological advancement. An electroencephalogram showed a pathological tracing, with a wave form reminiscent of the wave-and-spike discharge of petit mal and a moderate potential theta discharge.

Comment

The description of the acute illness, particularly the features of protracted somnolence and loss of sphincter control, leaves little room for doubt, even in retrospect, that this was a case of measles encephalomyelitis. The abrupt changes in developmental pattern, which had previously appeared normal, date back to the time of the illness; to this unfortunate episode the mental retardation, cerebral dysrrhythmia and sexual precocity must therefore be attributed.

The diagnosis in cases of sexual precocity is frequently tinged with out-dated ideas, and the consequent and often unnecessary tumour-hunt may do considerable harm. Jolly's (1951) recent survey synthesizes and simplifies the available information, and is a delightful diagnostic guide. The present case has no exact counterpart among Jolly's 66 cases, but clearly falls into his cerebral group with 'true puberty'. The single feature of enlarged testicles, with the clear-cut history, provides all the data necessary for a complete diagnosis.

I am indebted to Dr. F. L. Golla for information regarding the early history and for the first photograph, to Dr. A. Guirdham for helpful advice concerning the mental and psychological development, and to Dr. B. A. Astley Weston for providing details from the patient's school records.

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Vascular Abnormalities Associated with Pseudoxanthoma Elasticum

H. H. Wolff, J. F. Stokes and B. E. Schlesinger write as follows:

In our article (*Archives of Disease in Childhood*, **27**, 82) we included an electron microphotograph of a skin biopsy taken from a patient with pseudoxanthoma elasticum. In the legend to this photograph and in the text the fibres shown on electron microscopy were referred to as elastic fibres. These fibres should have been described as normal collagen fibres. No elastic fibres could be detected on electron microscopy of the material removed at biopsy. Similar discrepancies between the appearances obtained on light and electron microscopy have also been described in other cases of the same disorder (Tunbridge, *et al.*, 1952) in which elastic fibres were seen under the light microscope but not on examination by electron microscopy.

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