

Society Proceedings

NEW YORK NEUROLOGICAL SOCIETY

THREE HUNDRED AND SIXTY-EIGHTH REGULAR MEETING, HELD
AT THE ACADEMY OF MEDICINE, DECEMBER 3, 1918

The President, DR. FREDERICK TILNEY, in the Chair

ANEURISM OF BASE OF SKULL

Dr. S. Philip Goodhart presented a case of intracranial infiltrating aneurism at the base. The patient was a middle-aged woman who gave a history of long-standing rheumatic disorder for which she had taken a number of cures. There was at present evidence of arthritis in the joints, especially of the hands and feet. She had also suffered from headaches, mostly confined to the left side of the head. Three years ago these headaches suddenly became intense and persistent and were accompanied by a ringing sound in the left ear. To this ringing were finally added noises of different character which after a period of six weeks eventually involved also the right ear. The patient noticed that the headache was less when lying down, and she noticed that she could diminish the noises in both ears by pressing deeply into the soft parts of the neck slightly below and a little anterior to the left ear, manifestly over the carotid. This also diminished the headache to a large extent. The left eyelid was edematous in the morning. There was a point of tenderness over the left mastoid. There was hyporeflexia of the cornea and a relative diminution of all forms of sensation all over the left half of the body, doubtless purely functional. Objectively, on auscultation a distinct bruit was heard behind both ears; with the aid of a soft rubber stethoscope a loud bruit could be heard in the right ear synchronous with the pulse. The eye grounds were practically normal. Systolic blood pressure was 130, diastolic 80. Roentgenologic examination revealed no abnormal bony changes. The case was probably one of intracranial aneurism and probably at the base posteriorly.

Dr. L. Pierce Clark remembered seeing a woman last spring who had an aneurism of the left frontal sinus and acute exophthalmos. The condition was diagnosed first by an ophthalmologist. The ear bruit on auscultation did not decrease on sitting up; in fact it was intensified and

related societies he felt sure that no one could do more than to lend hearty support and coöperation to work so ably started and so ably carried on.

BOSTON SOCIETY OF NEUROLOGY AND PSYCHIATRY

REGULAR MEETING, HELD NOVEMBER 21, 1918

DR. CHARLES G. DEWEY, President, in the Chair.

INTRAVENTRICULAR TREATMENT OF NON PARETIC NEUROSYPHILIS

DR. KARL MENNINGER presented this paper which was elaborated in conjunction with Dr. A. L. Skoog and which will appear in an early issue of the JOURNAL OF NERVOUS AND MENTAL DISEASE. Led by the workers who have tried to improve the condition of paretics by intraventricular therapy these authors worked on a number of other types of syphilis, notably a number of hemiplegics. There were a number of patients who showed considerable improvement, the details of which will appear in the paper to be published.

Discussion.—DR. P. C. KNAPP said that he had almost uniformly seen some improvement from the results of intraventricular treatment and expressed the opinion that this method should be used more widely. In his opinion hemiplegics might be helped, he had seen one such result. Headaches, according to Dr. Knapp, were not as often observed following intraventricular treatment as after the intraspinal procedures. He said that he would not state an opinion as to the meningeal irritations liable to be set up and which had been referred to in the paper.

DR. FARNELL spoke of the great improvement that not infrequently had been seen in forms of non paretic neurosyphilis under the more usual forms of treatment and wanted to know just why the treatment should be advocated and under what conditions. Turbid spinal fluids which had resulted from the intraventricular treatment were an interesting finding and he was desirous of knowing how they came about.

DIAGNOSTIC PROBLEMS IN PSYCHIATRY

Dr. L. G. Lowrey presented this paper and spoke of the difficulties of psychiatric diagnosis inasmuch as very complete and detailed studies were necessary. He first contrasted the snap diagnoses made by a junior admitting officer and those arrived at after more complete analysis by the various members of the staff. The percentages of the various statistical results given by him in great detail are of little interest unless