

view of Sommer that the phenomena were artefacts. It had also been disproved that the deflections resulting from emotions, etc., were due to circulatory changes produced by the mental states, nor were they the result of variations in temperature. The only other supposition was that the deflection was produced by changes in the body resistance. This would explain the increase in deflection in all the experiments reported. The chief resistance of the body lay in the skin, and the effect must be attributed to variations there, and we finally came back to the original supposition that the change was due to the activity in the sweat glands. Change in resistance might be brought about either by saturation of the epidermis with sweat, or by simple filling of the sweat-glands, or by both combined.

Dr. Walter Timme, in referring to the possibilities of Dr. Scripture's experiments, stated that in various individuals under stress of the same emotion, the sweat glands of different areas of the skin would be affected with an increase or decrease of their secretion. In no two subjects would these areas be exactly alike and therefore it would depend entirely upon the relative position of the electrodes as to the character of the deflection of the galvanometer needle. Under the same emotional influences, the needle might show in such various individuals either positive or negative deflections. Indeed, if the electrodes were placed on areas in which the sweat glands were uninfluenced, there might be no deflection whatever. This would also account, probably, for the negative case found by Dr. Scripture.

Dr. Ramsay Hunt, discussing Dr. Scripture's paper, asked if the question of reaction time had also been considered in his experiments. The deflection of the needle follows very closely upon the emotion in some instances.

Dr. Scripture, in closing, said there was an interval of from two to five seconds between the movement of the needle of the galvanometer and the emotion that produced it. It never started instantaneously. In regard to the covering of the hands with shellac or paraffin, the speaker said this must have been defective in the experiments of Sidis and Kalmus. These authors state that the deflections remain the same as without such a covering, whereas an effective covering would have at once cut the current down to zero.

## CHICAGO NEUROLOGICAL SOCIETY

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The President, DR. RICHARD DEWEY, in the Chair

### DEMONSTRATION OF A CASE OF MULTIPLE SCLEROSIS, WITH PRIAPISM EXTENDING OVER A PERIOD OF EIGHTEEN YEARS

By Herman L. Kretschmer, M.D.

The patient, Mr. M., aged 67, entered the genito-urinary service of Dr. Louis E. Schmidt at the Alexian Brothers Hospital, January 7, 1909. The patient states that his present trouble began eighteen years ago, at which time he was engaged in packing ice. After working

for a few days at ice packing he was awakened at about 2 A. M. with an erection which was somewhat painful. He was awakened several times after this by erections. This condition gradually became worse, so that he would be awakened four or five times during the night. The erections became stronger, more frequent, and more painful. The pain of the erection was so severe that he was awakened by the pain. When he is awake erections promptly disappear, so that a good many nights he stays awake for the express purpose of not having any erections. The pain is situated in the penis, and the patient also complains of some pain in both groins. He never has these erections during the daytime. They are easily controlled by cold compresses, and he thinks they are not so frequent, nor that they come on so easily when he lies in a cold bed, and with this object in view he uses very light covers. Sexual intercourse is not painful. The sexual act has no apparent effect on the erection, for the erections appear as readily after sexual intercourse as they do after he has been using cold compresses. Pinching the inner side of both thighs also gives him a good deal of relief. The cold compresses which he uses for the purpose of controlling the erections he places on the perineum behind the scrotum. Patient says that as he gets older his condition is gradually getting worse. The erections come on as soon as he gets to bed, and they are more painful. Two weeks before admission, while turning out the gas-light during his work he noticed that he was reaching for the gas jet with his broom handle after he had turned out the light. Since this time he has the feeling in his left hand as though he wanted to catch hold of something. If patient concentrates his mind on his hand, his hand remains perfectly still, but when he walks, which he does with the aid of a cane, in his left hand, his right hand is continually going through these grasping motions, which stop just as soon as he thinks about them. About one month ago patient first began to have attacks of dizziness. There is no specific history obtainable.

*Examination of Genito-Urinary System.*—The external genitals are negative. Examination per rectum reveals a small prostate; otherwise the rectal examination is negative. The urine is clear, acid in reaction, pale, straw-color, specific gravity, 1026; no albumin, no sugar present. Microscopic examination negative. The blood examination, hemoglobin 95 per cent. White blood cells, 7,500. The nervous system. The pupils react to light and accommodation. Examination of the fundus is negative; movements of the eyeball are good. A slight amount of nystagmus is present.

*The Reflexes.*—The left Achilles jerk is absent, and the right is present. Ankle clonus not present. Babinski sign is present on the right side. The knee jerks are both very brisk, the right more so than the left. The cremasteric is present, but not very marked. The abdominal reflexes are markedly reduced. Pharyngeal reflex is present, and the corneal reflex is present. There are no disturbances of smell, taste, or feeling. The temperature sense is normal with the exception that the patient has some difficulty in recognizing the difference between heat and cold on the skin of the penis.

A CASE OF LOCOMOTOR ATAXIA IN A PATIENT PRESENTING  
NUMEROUS ULCERATING GUMMATA IN THE SKIN

By W. A. Pusey, M.D.

This patient came to Dr. Pusey's service six weeks ago, at the Cook County Hospital, on account of an ulcer on the right ankle and numerous ulcers over other parts of the body. These were characteristic late ulcerating syphilides and the patient at the same time showed a typical picture of tabes. This coincidence, which perhaps one might expect *a priori* to be of not infrequent occurrence, is unique and is apparently excessively rare. For the written report of the clinical findings, Dr. Pusey was indebted to his interne, Dr. S. B. Riley.

The patient is a cabinet maker, 43 years old, single, who denies ever having had a chancre. In 1894 he began to complain of pains which were considered rheumatic. Five years ago distinct lancinating pains in the limbs developed, and soon after also girdle sensation and difficulty in walking in the dark and in telling the position of the limbs. A year ago slow urination followed by incontinence and right-sided ptosis set in. Sexual desire had been absent for four or five years. The first cutaneous ulcer appeared on the neck three years ago and subsequently ulcers appeared in other locations, to be described later.

Examination revealed Argyll-Robertson pupils, absence of deep reflexes in the legs, extensive analgesia, marked ataxia of the legs, with loss of sense of position.

*The Skin.*—When the patient presented himself six weeks ago he had over the front and the inner side of the right ankle a large, tumor-like mass which had an oval deep punched-out ulcer at its center, the size of an egg. There was no involvement of the bone. The lesion was recognized as a large gumma with broken down center. On the right shoulder there was a large lesion consisting of a polycyclic-convex ulcerating border behind which there was an area of thin scarring as large as the palm of the hand. Over the left wrist, and on the right side of the chest, and at several other points over the body surface, there were other serpiginous ulcers. These were recognized as ulcerating syphilides. Under specific treatment all of these have healed in six weeks. In addition the patient shows over various parts of the body thin irregular outlined scars of former similar serpiginous ulcers.