PHILADELPHIA NEUROLOGICAL SOCIETY

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The President, DR. J. W. McCONNELL, in the Chair

A CASE OF SYRINGOMYELIA

By S. D. Ingham, M.D.

A.B. 24 years. Peddler. Heredity and previous history are negative. About four years ago he first noticed weakness in right shoulder and inability to raise the arm over the head. This weakness has increased for the most part gradually, involving the other limbs to a less degree. At the present time his condition is as follows: Right shoulder, arm and hand are paralyzed except for slight action of the triceps. Left arm is weak in all the movements, most in those controlled by the deltoid and shoulder girdle. Right leg shows some weakness. Left leg is nearly normal in strength. Eyes show inequality of pupils, and weakness of left internal rectus muscle causing divergent squint.

Facial movements are limited and the muscles are slightly atrophied. Tongue shows no atrophy or fibrillary tremor. Muscle wasting is extreme in right shoulder girdle and supraspinalis and infraspinalis, deltoid, trapezius and pectoralis. Biceps and anterior brachial muscles also are much atrophied. Triceps and forearm muscles are less involved. Some atrophy and fibrillary tremor are seen in the left shoulder region and slight trophic change in the right leg. Reflexes are absent in the right arm, except the triceps jerk. All are absent in the right leg. All present in left side of body.

Sensation.—Diminution of pain and thermic sense is found over the distribution of the lower part of the trifacial nerve of each side, more on the right, and anesthesia to touch, pain and temperature over an area the size of the hand on the right shoulder. Tactile sensation is preserved with loss of pain and temperature sensations on right side down to level of umbilicus. Pain sensation is lost on the right side from the umbilicus down including the leg. Tactile sensation is preserved and temperature sensation is lost over the entire left side of the body, except the upper face and scalp. Some dysuria and sexual weakness have recently developed. The case is unusual in showing such extensive involvement of the spinal cord and medulla.

Dr. F. X. Dercum said that he understood that the patient had recovered damages recently as a result of a trolley accident from which he claimed he was made seriously worse. Dr. Dercum said he would like Dr. Ingham to state what the changes were.

Dr. Ingham said in answer that he did not go into the etiology of the case or the course of the development, but as a matter of fact the patient was in the service of Dr. Pickett at the Medico-Chirurgical dispensary at the time the accident occurred, a year ago last November. At that time he was attending the dispensary, and he was able to flex the right arm to about a right angle or slightly more. His grip was sufficient to carry articles of a few pounds. After the accident, which was not a very serious one from the standpoint of traumatism, he developed a condition of considerable mental irritability, restlessness, etc., which was, no doubt,

due to shock or excitement, and dating from that time his motor disturbances were very noticeably increased, and the course of the disease had been more rapidly progressive. The disease had been practically quiescent for about a year previous to the accident, the time Dr. Ingham had had him under observation, but the year following the accident the weakening and atrophy were decidedly more marked and the progress more rapid. His occupation before the onset of the disease was that of a peddler and he carried quite heavy grips. His first complaint was that the strap over his shoulder seemed to tire his shoulder. The effect of traumatism or of overuse of the muscles may or may not have had an effect in causing the disease. It is often argued that it does have that effect. That was the shoulder on which he carried the heaviest weights and was the point receiving greatest injury from the accident mentioned.

Dr. Dercum said he had the notes of a case he examined many years ago in which a man sustained a severe fall on an icy step. The only symptom Dr. Dercum could find at the time was a dissociated loss of sensation involving one arm. That man passed from under his observation and quite a number of years afterward came under the care of Dr. J. C. Wilson, presenting then the typical symptoms of a syringomyelia, and finally died of the affection.

AN ATYPICAL CASE OF FRIEDREICH'S ATAXIA

By Dr. W. G. Moore

This patient, H. M., age 16 years, was admitted to the Nervous Department of the Philadelphia General Hospital, service of Dr. Spiller, February 29, 1908. His chief complaints were that he felt nervous, was incontinent of urine, and that he staggered when he walked.

His family history shows no other member to have had any condition similar to his. He has one brother and one sister alive and in good health.

At the age of nine months, he fell from a baby coach, and according to the statement of his aunt, he was "all twisted up." A physician examined him and stated that he had received an injury to the spine. He was given internal medicine and massage and in three days was all right again. No paralysis was noticed and it was questionable whether the fall had much importance.

His legs have been weak since birth, and he was unable to walk until he was six years of age, and then his gait was staggering. He has been incontinent of urine since an early age, ever since he can remember.

Dr. Knipe examined the eyes and reported that the pupils are regular but unequal, the right 4 mm. and the left 3.5 mm. The irides react freely to light, and in accommodation and convergence. There is a concomitant convergent strabismus, the right eye being the fixing eye, and the left in 15 degrees, up 15 degrees. Both media are clear and the fundi negative. The right eye shows hypermetropia of two diopters, and the left of three diopters.

The upper extremities show nothing abnormal other than underdevelopment. The lower extremities are not spastic, and present diminished resistance to passive motion. When admitted, the patellar tendon reflexes were decidedly prompter than normal on both sides. Now while they are increased, they are not so prompt as when the boy entered