AN UNUSUAL CASE OF TUMOR IN THE CEREBELLO-PONTILE
ANGLE WHICH FOR MANY YEARS GAVE THE SYMPTOMS
OF A TIC DOULOUREUX AND THE SYMPTOMS OF IRRITATION
OF THE NINTH AND TWELFTH NERVES

By T. H. Weisenburg, M.D.

The patient, a man of 35, first had pain in the upper teeth which in a short time spread to the distribution of the right fifth nerve and gave the typical symptoms of a tic douloureux. For this he first had all the right teeth removed, then had many superficial operations over the inferior orbital nerve, then an attempt was made to remove the Gasserian ganglion, and finally two thirds of it were removed and the posterior sensory and motor roots cut. After the operation sensation was lost over the usual fifth nerve distribution and also for taste both anteriorly and posteriorly over the right side of the tongue. Two days after this operation he complained of pain in the lower jaw and throat and a burning sensation in the tongue, and from then until his death, two years afterward, he constantly complained of these pains which at times were sharp and shooting in character and started in the back of the right side of the tongue extending into the right side of the throat and into the ear. Besides he had paresthesias over these parts, describing them as a burning sensation or of hot water and occasionally like the crawling of insects. He also developed a trophic condition of the right eye which was finally removed. For the persistence of these pains the upper cervical and lingual nerves were removed but with no result. Towards the last year of his illness he had spasms in the right side of his tongue, it being projected to the right and having a rolling motion. There was no palsy in the pharynx, larynx or throat and the whole right oral cavity and throat were extremely tender. Hearing was not disturbed. He also had twitchings in the distribution of the face.

At autopsy a tumor was found in the right cerebello-pontile angle pressing upon the fifth nerve and also causing pressure on the sixth, seventh, eighth and over the anterior part of the pons. It was so situated that it stretched the ninth, tenth and twelfth nerves and was a fibrosarcoma. The ophthalmic division of the fifth nerve and part of the ganglion were found intact.

There are many important points in the case, the chief being that the persistence of the pains in the throat, ear and tongue was the result of irritation of the ninth nerve, inasmuch as the fifth roots were cut and sensation was lost over the fifth nerve distribution. This case teaches that the distributions of the fifth and ninth cranial nerves intermingle and that if the pain persists in the tongue, ear, throat and apparently the lower face after the fifth nerve is cut it is due to irritation of the ninth nerve. The lack of recognition of this fact was the chief cause for the wrong diagnosis. Also there was complete absence of the so-called general symptoms of brain tumor. This is the first case to be reported of irritation of the ninth nerve.

During the last year there were constant involuntary spasms of the right side of the tongue, it being deviated to the right cheek and teeth and having a rolling motion. This is the first case of this kind on record.

Twitching of the seventh nerve, the result of pressure, is interesting but has been previously recorded.

One of the most interesting facts of the case was that, although there was considerable pressure upon the motor fibers in the pons, there never were any symptoms of weakness in the limbs of the opposite side and examination by the Marchi and Weigert methods demonstrated no degeneration.

Dr. Weisenburg did not think that the presence of the tumor had anything to do with the ganglion operations, in as much as the autopsy demonstrated that the pains in the fifth nerve distribution were due to pressure on the sensory root by the tumor.

REMARKABLE PREVALENCE OF MIGRAINE IN A LARGE FAMILY, ASSOCIATED WITH UNUSUAL SENSORY DISTURBANCE IN THREE OF THE NUMBER

By George E. Price, M.D.

A report of ten cases of migraine in one family—seven out of eight members of one generation being thus affected.

Beside the more common premonitory symptoms of vertigo, amblyopia, hemianopia, aphasia, and numbness of arm, tongue and lips, three of the cases presented numbness and hypesthesia of the entire half of the body including face, arm and leg. This was so severe at times as to interfere with locomotion.

Attention was called to the fact that these sensory changes, being most marked at the distal portion of the extremities, conformed to the type of organic anesthesia and differed from the sharply defined hysterical hemianesthesia.

In one of the cases epilepsy was associated with migraine, and in another, twitching of the extremities occurred during the paroxysm.

The stupor, somnolence, delirium and euphoria sometimes seen in migraine were considered as the result of a toxemia.

The author believes there are two clinical types of migraine, one with vascular constriction, the other with vascular dilatation, and suggested that the cessation of the hyperemic form at middle life was due to a lessened vasomotor control of the blood vessels at this period, owing to their hardening and decrease in elasticity.

Dr. Cadwalader said that about two years ago he had had the opportunity of examining a patient of Dr. J. K. Mitchell's who suffered from attacks of migraine very similar to those of which Dr. Price's patient complained. In this case sensory phenomena began in the left hand, extending to the left face, lips and tongue, and later to the lower extremity; this was followed by very severe left-sided headache with visual disturbances, drowsiness and sometimes delirium, lasting two or three days, also weakness with increased tendon reflexes on the left side of the body. On two or three occasions there was said to have been loss of consciousness and twitching of the left hand and face with incomplete motor aphasia, yet the patient was right handed. On account of the character of the attacks Dr. Mitchell and Dr. Mills, who also saw this patient seriously considered the possibility of epilepsy and organic disease, but after repeated examinations this possibility was excluded by them. Since that time the patient has improved considerably, but is not free from attacks. During this winter he has been nearly totally aphasic for some days at the time after an attack, but without signs of paralysis. The family history of that case, as Dr. Cadwalader