Society Proceedings.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

April 28, 1903.

The President, Dr. H. A. Hare, in the chair.

Poliomyelitis in the Adult Involving All Four Extremities.—Dr. John K. Mitchell exhibited this case. C. R. Wadley, aged twenty. There is nothing in the history, either personal or family, of interest. The boy was in ordinary health and has never suffered any injury until August 15, 1901, when he suddenly suffered for a day or two with stiff neck and pain in the back. Two days later he lost consciousness, according to the account which he has given, and remained unconscious for twenty-four hours. He had fever for a week following, but no vomiting, diarrhea, or convulsions.

On recovery from the fever he was completely paralyzed and could not move his head. Sensation remained perfect. Motion gradually returned, first in the head, then in the upper right arm, then in the lower left arm, then in the upper left leg and then in the lower right leg.

In the autumn of 1902 he was admitted to the Orthopedic Hospital. He was then entirely unable to stand. He could use his hands very little and could not raise his legs from the bed. When he endeavored to sit up, he was unable to get his spine straight from weakness in the back muscles. The worst parts at that time were the lower right arm and hand, the upper left arm, the upper right leg and the lower left leg. The affected parts were very cold and presented slight contractures. He had no knee-jerk and the plantar reflex was very small, cremasteric reflexes were absent and the abdominal slight. There was fair reaction to faradism in the arms; very poor in the legs. There was no degenerative reaction, KCL greater than AnCL everywhere.

He has improved very slowly, but steadily, and the only member which seems unsusceptible of betterment is the right hand, in which the destruction of the intrinsic muscles has been so complete that he has very little use of it, and very little prospect of a valuable member. In every other way there is a change for the better, and the boy is able to walk, supported in the wheeled-crutch, and can take a few steps with assistance even without the degree of support which this apparatus gives.

The case was shown as an interesting example of widespread and irregular distribution of a poliomyelitic paralysis at an age when patients are commonly exempt.

Dr. A. A. Eshner referred to a typical case of anterior poliomyelitis in a boy seven or eight years of age involving all four extremities. At the same time he had under observation a boy five or six years of age with flaccid paralysis of the extremities who was at first thought to be suffering from anterior poliomyelitis, but who later exhibited derangement of speech and incoördination of movement which led Dr. Eshner to believe that the trouble was of cerebral origin.

Dr. H. A. Hare said that there had been admitted to his ward in the Jefferson Hospital, six or seven weeks ago, a woman about nineteen years

of age, with the statement that she was convalescent from typhoid fever and was universally paralyzed. There was a history of five weeks' fever which careful questioning reduced to two weeks. The temperature had ranged as high as 105° F. When admitted she was absolutely paralyzed in the upper extremities and could slightly move one leg. There was no interference with speech or intellect. The hands presented a rhythmic tremor resembling that of chorea as it is seen in the dog. The emaciation was marked. There was exaggeration of the reflexes both at the elbow and at the knee, but not in the feet. Under careful nursing, massage and tonics the patient rapidly improved so that in ten days she could move all four extremities. At the end of that time she, unexpectedly, left the hospital and has been lost sight of.

Dr. John K. Mitchell believed that one reason why the limit of probable beginning improvement was within one or two years was because in bad cases the unaffected muscles atrophied from disuse. As showing that even very old cases are not insusceptible to improvement he referred to a case of fifteen years' standing in a girl eighteen years of age. When she came under observation there was almost complete paralysis of both legs. She was able with difficulty to shuffle across the floor a distance of thirty feet. She is now, after a year's treatment with massage and electricity, able to walk a mile with the aid of a stick.

A Case of Brachial Monoplegia of Spinal Origin.—This report was made by Drs. W. G. Spiller and T. H. Weisenberg. The patient had been in the service of Dr. Spiller at the Philadelphia Hospital. The clinical history was very incomplete, but there was sufficient to show that the man had had a paralysis of one upper limb. An area of sclerosis was found in the lower cervical region in the lateral column and anterior horn on the side corresponding to the paretic limb. This sclerosis was evidently the result of thickening of the blood vessels of the affected part. The case was important as an example of monoplegia of spinal origin in an adult.

A Case of Thomsen's Disease, Associated with Pseudo-muscular Hypertrophy.—This case was reported by Dr. Horace Carncross. The patient, a young man aged twenty-one years, was troubled with rigidity after resting. At birth he was a large child, weighing fifteen pounds. When nine months old he weighed forty-two pounds. When he was two years of age stiffness of the hands was noted and later of the legs and other parts of the body. If he fell he could not get up until after the lapse of five minutes. At this time he was very strong. At the age of six years he went to Girard College. From ten to fifteen years of age he was not as strong as before, or as his development would indicate. At the age of seventeen he began to waste. He has great difficulty in getting up in the morning. In going up stairs the first two or three steps give him much trouble, after that he goes up more easily, and at the second flight he can run. All the muscles are rigid, including those of the tongue.

The sensory symptoms are negative. The patellar reflex and biceps-reflex are absent, except on reinforcement. The electrical reactions are normal, except that the muscles respond sluggishly. The eye-grounds are normal, and the pupils react normally. The family history is negative, except that the mother had recurrent attacks of what were spoken of as facial paralysis, but which from the history were more probably attacks of facial spasm.

Dr. F. X. Dercum referred to a case which he had presented before the Society some years ago,—that of a bricklayer who when he started to work would suffer from a tonic spasm of the muscles. In that case there was no family history suggesting Thomsen's disease. He had merely termed it a case of myotonia. The present case he considered an anomalous one, but he thought that it was a muscular dystrophy associated with myotonia.

He believed that a study of these cases showed that our conceptions of the various types of dystrophy needed widening and readjustment.

Dr. D. J. McCarthy referred to three cases of Thomsen's disease which he had seen in Jolly's clinic in Berlin. In two of those cases the symptoms were no more marked than in the case shown tonight. The occurrence of facial spasm in the mother, and the fact that in the patient the condition had been present from birth, he considered of interest.

A Note on Periodic Insanities with the Report of Three Cases of Intermittent Melancholia.—Dr. Alfred Gordon read this paper.

Dr. F. X. Dercum said that mania, melancholia and circular insanity were essentially recurrent diseases. The practical point brought out by the paper was that irregular, intermittent melancholia was unfavorable as to prognosis. Ordinary melancholia yields a more favorable prognosis, but the attacks are liable to recur after rather prolonged intervals. Our suspicion should always be excited when the onset of melancholia is sudden and the recovery abrupt. It usually means recurrence after a relatively short interval as compared with ordinary melancholia.

Dr. John K. Mitchell referred to the fact that even in ordinary melancholia, recovery may occur suddenly. The line separating simple melancholia and the recurrent variety is very indistinct.

Senile Dementia.—This paper was read by Dr. Pickett.

Dr. F. X. Dercum regarded the present admirable communication as a worthy companion paper of Dr. Pickett's previous communication on dementia præcox. The paper was full of suggestions and brilliant generalizations. Some were quite startling, while others were in keeping with what we should expect.

Dr. Charles K. Mills said that with regard to the occurrence of other types of insanity than senile dementia in old age, he was quite sure that this was the case, and had seen a few striking illustrations. He referred to the case of a man eighty years of age who during his previous life had had at least five or six attacks of melancholia. He had retained his general mental vigor. At the age of eighty years he developed a typical attack of melancholia of the same type as he had previously had, although perhaps more severe.