A CASE OF SEROUS (ALCOHOLIC) MENINGITIS SIMULATING BRAIN TUMOR.¹

By THEODORE DILLER, M. D.,

Neurologist to the Allegheny General Hospital; Visiting Physician to the Insaue
Department of St. Francis Hospital, Pittsburg.

The case of serous meningitis to be related was mistaken by me for one of brain tumor. The symptoms presented by it were so strikingly like those produced by an intracranial neoplasm, that I am led to hope that a brief account of the case may be of some value.

Mr. X., aged 33, formerly a strong, vigorous man, was seen by me on March 5th, 1898. For many months he had been indulging in large amounts of alcoholic drinks.

He had been, for many years, subject to sick headaches and vomiting attacks. For two or three months back these headaches had become very much more severe in character and longer in duration, and largely localized in the frontal region. The patient had latterly spoken of them as head pains rather than headaches. They sometimes lasted two or three days at a time, and were constantly growing more and more severe.

During the previous six months vomiting spells had grown more frequent. They occurred at any time in the day, and, indeed, they often came upon him in the night. They were accompanied by little or no nausea, and occurred whether the stomach was full or empty. Since the increase in the frequency of the vomiting attacks he had constantly grown thinner.

For about five months his eyesight had been steadily failing. Three months ago it was noted that he staggered in walking, and as time went on this became more and more apparent. For two months past he had complained of pains in the thighs and legs, chiefly in the latter, and of burning in the soles of the feet.

On February 23d, 1898, ten days before I saw him, he was seized, for the first time, with a convulsion. It was general in

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character, accompanied by unconsciousness, and lasted only a few minutes. An hour later he had a similar convulsion, and a third about an hour after this. For two weeks preceding these convulsions the headaches had been especially agonizing.

Since the convulsions he had become possessed of many fleeting delusions with regard to time, place and persons, some of which were of a painful character. His memory was defective, and he was in a condition of more or less semi-stupor.

This was his mental condition when I first saw him. In conducting my examination I had little difficulty in getting him to do as I wished. But after I left he remarked that he guessed that B—— was trying to act "smart," being under the impression that I was the local confectioner, with whom he was well acquainted.

He staggered in walking, and his gait was one of weakness. He was considerably emaciated; his muscles were flabby. There was a good deal of tenderness to pressure in the legs and feet, and a moderate amount in the thighs. Both knee-jerks were much diminished. No ocular palsies were present. The pupils reacted to light and in accommodation. He was unable to distinguish various coins, or the large letters of newspapers. There were no cranial nerve palsies. The urine showed no albumin or sugar. His temperature, from the time I saw him up to his death, varied between 99 and 100. Double optic neuritis was present.

The patient gradually sank into coma, and died six days later while in that condition.

The autopsy failed to reveal a brain tumor, but disclosed great dilatation of the pial vessels, with a large amount of clear, colorless fluid beneath the pia. There was intense congestion of the pia in several spots. But little more than the usual amount of fluids was found in the ventricles.

To briefly recapitulate. The patient had been ailing and going steadily downward for six months, presenting during this time the following symptoms: Severe headaches; frequent vomiting attacks; failing vision, due to optic neuritis; weak, ataxic gait; loss of knee-jerks; tenderness in the legs and burning in the feet, and, finally, general convulsions followed by marked mental changes.

It seemed quite plain that the man was suffering from multiple neuritis, due to alcoholism. The ataxic gait, weakness, wasting and tenderness of the legs and burning of the feet, with diminished knee-jerks, were explained

very reasonably by this diagnosis. There remained, however, the headaches, vomiting, optic neuritis, convulsions and mental symptoms to be accounted for. These seemed to me to indicate the presence of a brain tumor, although I recognized the fact that the mental symptoms were very like those seen in alcoholic multiple neuritis. Indeed, I was uncertain how much these symptoms should be attributed to the supposed brain tumor, and how much to alcoholism.

While nearly all the cardinal general symptoms resulting from brain tumor were present in this case, there were two features which should, perhaps, have led one to recognize the real situation, viz., the history of alcoholism and the presence of multiple neuritis. The diagnosis of brain tumor and multiple neuritis assumed a coincidence which would have been unnecessary, had the true condition been recognized.

Acute serous alcoholic meningitis, as described, for example, by, Dana,¹ could not easily be mistaken for a brain tumor, but it is in chronic cases of this disease that there is, as has been so well pointed out by Quincke² frequently a great liability of this mistake being made. Oppenheim,³ indeed, calls attention to the striking resemblance of the symptoms produced by chronic serous meningitis and those produced by brain tumor, and further says that in most cases of the first-named disease the diagnosis of brain tumor has been made. In this latter statement of Oppenheim I find a measure of personal comfort.

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¹ Medical Record, vol. lii., p. 801, et seq.

² Sammlung klinischer Vorträge, 1893, No. 67, p. 655.

³ Berliner klin. Wochenschrift, Nos. 49 and 50.