A CASE OF SYPHILIS PRESENTING UNILATERAL INVOLVEMENT OF CERTAIN CRANIAL NERVES

By Arthur Gerhard, M.D., and Henry K. Dillard, M.D.

The patient was in the medical outpatient department of the Pennsylvania Hospital, and was shown by invitation. L. J., 23 years of age, male, American negro; porter by occupation; complained of pain in the face and drawing up of the left side of the mouth. He had a chancre about seven months previously; he had had pain in the elbows and heels, with no swelling, lasting six weeks. He had a sore throat four to five days before the onset of symptoms. He had had irregular headaches and had vomited twice on the day before admission. He had had frequent transitory attacks of deafness for some years. His family history was negative save that four brothers and one sister died in early infancy.

On admission his condition was as follows: pulse 88, temperature 99°, respiration 24, leucocytes 13,500, blood culture sterile, differential blood count normal, Wassermann positive. He was given neosalvarsan, .9 gm. intravenously, without subsequent reaction.

Physical Examination at Time of Admission to Dispensary.—Station not good; marked droop of right corner of mouth; unable to wrinkle right forehead and unable to whistle; paresis of external rectus of right eye; ptosis of right eyelid; marked hypesthesia of right side of face; tongue protruded markedly to left; slightly deaf in left ear; patellar reflexes present, but left slightly decreased; Achilles jerk absent on right; no plantar reflex; no Babinski; no clonus. Eye examination showed: paresis of external rectus O. D.; normal pupillary response; iris normal; low grade retinitis; a slight nystagmus.

December 3, 1913: Wassermann weakly positive. Patient improved steadily on full mixed treatment. When last seen, January 28, 1914, the various signs of paralysis had practically disappeared.

January 16, 1914; Wassermann weakly positive.

PHILADELPHIA NEUROLOGICAL SOCIETY

JANUARY 23, 1914

The President, DR. GEORGE E. PRICE, in the Chair

INTERNAL PACHYMENINGITIS IN YOUNG CHILDREN

By Alfred Gordon, M.D.

Abstract.—The hemorrhagic form of internal pachymeningitis in adults is a well-known variety. But the internal pachymeningitis without hemorrhage is the least studied. Nevertheless the latter exists. Dr. Gordon reports observations taken from the literature on the subject. He then calls attention to the same forms of pachymeningitis in young children. He mentions the work of Goeppert, Finkelstein, Jores and Laurent, Orth, and especially that of Roessle. The literature on pachymeningitis in children is very meager. Dr. Gordon reports two cases with pathological findings, one of the hemorrhagic type and the other of non hemorrhagic type. Both

cases present the same symptomatology with the exception of the retinal hemorrhages found in the first case. This case presents this peculiarity, that at no time was blood found in the cerebrospinal fluid obtained by lumbar punctures. A great many punctures have been made and the spinal fluid was free from microorganisms through the entire course of the disease in both cases. In both cases there is a slight lymphocytosis. Dr. Gordon analyzes the identical symptomatology in both cases and endeavors to find some characteristics which would enable one to make a correct diagnosis during life. He believes that this characteristic is to be found perhaps in the condition of the cerebrospinal fluid as mentioned above. If the diagnosis of pachymeningitis could be made, surgical intervention, such as Hayne's drainage of the cisterna magna, would be indicated.

Dr. Spiller said he had been interested in this subject for many years. He reported a case of hemorrhagic pachymeningitis in a child of 9 years with Dr. McCarthy in 1899. Dr. Spiller thought hemorrhagic pachymeningitis was more uncommon in a child of 9 years of age than in one 2 or 3 years of age. Syphilis must be considered a cause in such cases.

Dr. Alfred Gordon said in regard to a syphilitic condition, he mentioned that in both cases the tests were made for Wassermann and Noguchi of blood serum and cerebrospinal fluid. In both cases they were negative. It is very difficult to make a diagnosis of pachymeningitis during life, but the remarkable similarity of the clinical manifestations in both cases—also the clear condition of the cerebrospinal fluid and its complete freedom during the entire course of disease from microorganisms—made him feel that in the condition of the cerebrospinal fluid might be found some diagnostic indications. At any rate Dr. Gordon stated he put on record two cases of internal pachymeningitis in very young children, one with hemorrhage and the other without hemorrhage.

Dr. William Drayton, Jr., presented a probable case of myoclonus multiplex.

Dr. S. Leopold said that the question arose whether this case did not resemble one of Huntington's chorea or a generalized tic rather than a paramyoclonus. He remembered a case some time ago in which there was more of the contracture of the muscles. In Dr. Drayton's case the muscles themselves were thrown into spasms and the man seemed to Dr. Leopold to have more of the irregular jerking movements than are seen in tic or Huntington's chorea. Dr. Leopold had a case a year ago in which the picture resembled very much that seen in this case, only the attitude was more that of a throwing of the back very much backward and the abdomen forward, but the movements were exactly those of this man. There was some dementia present. Dr. Leopold thought that was more of a Huntington's chorea and therefore he suggested this might be a case of Huntington's chorea.

Dr. William Drayton, Jr., said that he had stated the case resembled myoclonus multiplex. There was no dementia in the man, no family history of any such trouble and the symptoms all seemed to be like those of paramyoclonus.