REPORT OF A CASE OF POLIOMYELITIS OF THE BULBO-SPINAL TYPE PRESENTING RATHER UNUSUAL EYE SYMPTOMS.¹

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Clinical History.—V. S., a girl ten years of age, admitted to the Presbyterian Hospital on September 1, 1917, complaining of headache, coryza, stiffness of the neck. Her father states that five days previous, while at her summer home in northern Michigan, the patient complained of severe headache, which increased in intensity. At that time the temperature registered 99.8° F. On the second day the temperature rose to 101° F., the patient becoming more restless. It was thought by the physician in charge that she had probably contracted epidemic meningitis and he recommended that she be taken to the hospital for further study and treatment.

Examination on entrance to the hospital showed that she had a convergent strabismus of the right eye and complained of seeing double. The neck was rigid, the nasal mucous membrane congested. The throat was negative and vision and hearing was normal. Chest normal, abdominal reflexes present and normal.

Upper extremities showed a good grip in both hands and reflexes in upper extremities were normal. The lower extremities showed exaggerated knee jerks; right leg was slightly rigid and Babinski sign positive on the right side. No sensory disturbances.

Previous history: Had diseases of childhood. Family history: Father and mother healthy, one brother and one sister living and well.

September 8, 1917: Examination showed a slight paresis right seventh nerve, a diplopia, exaggerated right patellar reflex, slight ankle clonus on same side, Babinski sign present on right side. Left foot was normal. Temperature 100.3° F. Horizontal nystagmus present.

September 17, 1917: Both optic discs were examined by Dr. E. V. L. Brown and pronounced normal. Convergent strabismus of right eye present.

September 20, 1917: The patient complained of blurred vision in right eye. The eyes were examined again by Dr. Brown and the findings were as follows: Neuro-retinitis 5½ D. with an edema of adjacent retina for 2 or 3 P.D., no hemorrhage or exudative "flicks." She is

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able to see one's fingers at a distance of twelve feet with right eye; left eye normal.

September 22, 1917: Examination of the nose by Dr. G. Sluder of St. Louis revealed a low grade post-ethmoidal sphenoiditis, more marked on the right side, mildly acute. The right disc showed no increase in the retinal edema and measured 4 D. only. No hemorrhages or exudate.

September 24, 1917: The swelling was reduced to $\frac{1}{2}$ of 1 D. Vision much improved. She is able to read print 2 mm. high.

September 26, 1917: The eye showed continued improvement.

October 2, 1917: The patient complains of deafness in the right ear. She can hear the whisper of 66 at one foot and 18 at two feet. Left ear normal.

October 3, 1917: The patient holds her head to the left side; horizontal nystagmus still present, rapid component to the left. Vision clearer.

Examination of the blood: September 2: Leucocytes—26,250. Hemoglobin—80 per cent. 9/10/17, 21,950; 9/26/17, 14,350; 10/4/17, 13,150.

Examination of the urine: Specific gravity 1,020. Trace of albumin and a few epithelial cells.

Examination of the spinal fluid: September 1, 1917: Clear under pressure, cells 71 lymphocytes, no organisms present, reaction for globulin positive. Wassermann negative.

Lange reaction was as follows:

Tubes 1—2—3—4—5—6—7—8—9—10.
Reaction: 3—4—4—3—2—2—2—2—2—1.

September 13, 1917: Lymphocytes 34; Nonne reaction positive.

On October 3 the temperature registered 99.8° F. She was then removed to her home in St. Louis where she made a gradual and complete recovery. The illness extended over a period of about ten weeks.

The diagnosis of poliomyelitis of the bulbo-spinal type was made owing to the focal symptoms present, such as strabismus, facial paresis of the right side, deafness in right ear, disturbance of vision in right eye, presence of nystagmus, Babinski right side, etc., and the decidedly increased cell count in the spinal fluid. I report this case especially because of the eye findings; similar conditions have been reported in only a few cases.

I am indebted to Drs. Brennemann and Gill, with whom I studied this case, for the privilege of making this report.