PRESENTATION OF BRAIN WITH MULTIPLE TUBERCLES

By Julius Grinker, M.D.

Dr. Grinker presented a brain with multiple solitary tubercles from a man, 47 years old, with a negative family and personal history. About Christmas, 1908, he had a severe attack of grippe, following which he began to get drowsy and his lids refused to open, especially the right one. His eyes turned up and when he attempted to look down he occasionally saw double. He had continuous headaches, varying in severity, however. In April or May, 1909, vision became blurred and he developed mental symptoms. He could not remember things and could not concentrate his attention. The ptosis at this time was variable, and was never complete. It seemed to consist of a mere weakness of the levator muscle. The reflexes were slightly exaggerated; the discs appeared to be slightly blurred, but Dr. Casey Wood, who kindly referred the case, is certain that there was no choked disc. No other cranial nerves were involved. Upward rotation of the eye on one side seemed to be slightly limited. The patient appeared to be confused. There was a slight Romberg. Dr. Grinker decided that it was a case of deep-seated tumor, and advised a decompression operation after Cushing's method. This was performed and the patient died within a week.

At the post-mortem there was found a tumor of the inferior corpora quadrigemina, a small tumor in the frontal lobe, and another in the median convolution. The location of the tumor in the corpora quadrigemina explained the eye symptoms present in this case, the frontal tumor, the mental dulness.

A CASE OF SPINAL SYPHILIS APPROACHING THE BROWN-SÉQUARD TYPE.

By Geo. W. Hall, M.D.

A man 30 years old was admitted to the Cook County Hospital on July 7, 1909, complaining of pain between the shoulders, of three weeks duration. Some numbness, involving especially the right leg and the ulnar regions of both arms. On the right side the numbness commenced two or three inches above the level of the umbilicus and involved the entire lower extremity. The patient was constipated; had no headache or dizziness, he could not walk without a cane. The symptoms had existed for three weeks and were steadily increasing in severity. Four years ago the patient had a chancre, but did not consult a physician. Secondary symptoms were uncertain. The temperature was not increased at any time while the patient was under Dr. Hall's care. There was no flushing of the skin and no external evidence of discomfort. The left palpebral fissure was smaller than the right. The right pupil was normal, the left one smaller than the right and reacted sluggishly to light. The fundus findings were normal. Examination of the lungs, heart and spleen was negative. No tender spots and no deformity except a slight prominence of the spine in the region of the first dorsal vertebra. Both knee reflexes were exaggerated; left ankle clonus and positive Babinski sign; cremaster reflex brisk. As stated, the numbness was more marked in the right side; the left leg seemed to be hyperesthetic, the right one anesthetic. Tactile and muscle sense present on both sides, but loss of

pain and temperature senses in the right leg. There was no impairment of speech. Wasserman test by Dr. F. G. Harris was positive. The patient was placed on anti-syphilitic treatment with rather rapid improvement. There is still a decided disturbance of pain and temperature senses on the right side, but tactile and muscle senses are normal. A peculiar feature in the case was the fact that the patient perspired only on the right side of the face and had slight ptosis of the left eyelid and narrowing of the left pupil due to involvement of the sympathetic supply on that side.

PHILADELPHIA NEUROLOGICAL SOCIETY

November 26, 1909

The President, DR. T. H. WEISENBURG, in the Chair

Dr. F. X. Dercum reported a case of juvenile paresis.

Dr. Richardson said that he had reported a case of juvenile paresis before the Psychiatric Society last March. It was the only case he had encountered during the past three years at Norristown. The patient was admitted at the age of 24½ years, the mental symptoms having been noticed first some two years earlier. The patient lived less than two months after admission. The picture was that of the simple demented form of paresis, far advanced, and with no remarkable features. The boy had done fairly well in school, was a good pianist but had never been able to earn more than six dollars per week and at simple occupations. The history of syphilis could not be absolutely established in the parents but as the mother is at present suffering from advanced tabes of twelve years' standing, and as she bore only the one child (one year after marriage) followed by six stillbirths, there can be little question that she contracted syphilis at or about the time of the conception of the patient. Syphilis could not be demonstrated in the father, neither could it be entirely excluded. The patient died in general convulsions lasting twenty-four hours, but unfortunately, efforts to obtain an autopsy proved unavailing.

Dr. David Riesman reported a case of postpuerperal febrile mania of long duration, ending in recovery.

Dr. Dercum said that he had seen Dr. Riesman's patient a number of times, and had always been confident of a favorable outcome, provided her strength could be maintained. He was of the opinion that the infection called hypermania is very different from mania proper, and differs radically from the mania associated with other phases of the maniaco-depressive group. It is an excitement attended with a great degree of incoherence; but this is not a true incoherence, such as is heard when the patient is hallucinatory; and the delusions are based upon the delusions or illusions present at the time of onset of the illness. In mania proper, there are no hallucinations, or very few, nor is this seen in hypermania, except in conditions that suggest fever. (Fever was present for a long time in this case.) This should be carefully separated from the manias of the maniaco-depressive group. Dr. Riesman's case belongs to the infectious group, to which mania does not belong. Mania is not associated with infection, as this is ordinarily understood; though it may be with toxemia or with poisoning from gout. In Dr. Riesman's case excitement came on rapidly, and soon reached a certain level; and that level was