OSSEOUS PLAQUES OF THE PIA ARCHNOID AND THEIR
RELATION TO PAIN IN AKROMEGALY

By S. Leopold, M.D.

The writer discussed the subject of osseous plaques of the pia arachnoid and their relation to pain, especially the pain of akromegaly. He does not believe with Sainton and State that there is a painful form of akromegaly. After reviewing the literature on the subject and discussing the pathology of the spinal cord in akromegaly he concludes with the following summary:

Osseous plaques are frequently present in the pia arachnoid in many diseases, such as uremia, tuberculosis, mental conditions, etc.

Arteriosclerosis is the underlying factor in their causation. Their presence in akromegaly does not explain the production of pain in that disease. There is no definite pathology of the cord in akromegaly.

Dr. Leopold in closing, said that Zander reported about sixty-three cases of osseous plaques and he has found them present in retrogressive conditions such as senility and mental conditions. Dr. Leopold thinks these plaques are nothing more than the result of a chronic inflammation from arteriosclerosis; the presence of fibrous tissue overgrowth and of arteriosclerosis favors the disposition of lime salts in these situations. The spinal cord, as we know, is a frequent place for bony material to be deposited as are the arteries and lymph nodes.

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DR. F. X. DERCUM in the Chair

A CASE OF DESCENDING UNILATERAL PARALYSIS

By Alfred Gordon, M.D.

Patient, girl of 23, began to suffer from pain in the right side of the neck some years ago. The pain radiated to the same shoulder. Shortly afterwards she noticed an awkwardness and heaviness in the right arm and hand. About eighteen months later the same condition was observed in the right leg; she would scrape the floor in walking and had some difficulty in going upstairs. At about the same time she experienced difficulty in swallowing fluids.

At present there is a distinct weakness of the right arm and leg. Atrophy is marked in the hand. The knee jerks are plus on both sides, the paradoxical and Babinski signs are present on the right. Nystagmus is present in both eyes. She also has occasionally difficulty in swallowing fluid. Sensations are not impaired.

The diagnosis is probably multiple sclerosis of an unusual type.

Dr. W. G. Spiller said if the nystagmus and difficulty in swallowing could be explained in some other way he would be inclined to think the case one of tumor of the spinal cord, possibly a fibroma on the cord at the level of the lower and middle cervical roots. He had seen a case very similar to this in all except the dysphagia and the nystagmus, presented