Periscope

MISCELLANY

EXHAUSTION PSEUDOPARESIS. J. Ramsay Hunt. (Journal A. M. A., Jan. 5, 1918.)

Hunt reports some of his experience in the examination for fitness for military service of the candidates in officers' training camps. He was assigned to one of these camps in order to make neuropsychiatric examinations of the candidates. Out of 1,500, twenty-one were recommended for discharge as suffering from disease of the nervous system sufficiently grave to incapacitate them for military service. Nine of these were examples of functional nervous disorders, such as neurasthenia, vasomotor neuroses and the psychoneuroses. Only one presented symptoms of a definite psychosis, probably belonging to the paranoid type of dementia præcox. Another very important group of cases, numbering eleven altogether, showed evidences of syphilis of the central nervous system in the form of incipient paresis, pre paresis or early cerebral syphilis. Six of these were regarded as incipient paresis. The others are examples of pre paresis, or early cerebral syphilis. Generally speaking, the clinical symptoms were not marked, consisting merely of pupillary changes, tremors of the face and hands, and slight disturbances of articulation. General evidences of mental deterioration were practically negligible, from the diagnostic standpoint. For their detection, one had to depend on the slight but well-established somatic symptoms which appear characteristic to the trained observer. The men examined were able to perform their duties and made no complaints of physical illness, but the syphilitic nature of their trouble was confirmed by laboratory examinations of the blood and spinal fluid before the final recommendation for their discharge was made. The importance of eliminating such men from military service is self-evident. The writer emphasizes another group of cases directly bearing on this question, which came under his observation, the formal recognition of which is of some importance on account of the close resemblance to those of early paresis. In his opinion, this condition was due to an exhaustion of the cerebrospinal centers, causing a clinical picture simulating that of early paresis. Only serologic determinations could have eliminated these from the syphilitic class. The writer calls attention to these fatigue symptoms, the more to avoid diagnostic mistakes and their consequences. He would emphasize, as a cause of these symptoms in these individuals, the unusual strain, both physical and mental, to which men in an officers' training camp are subjected. He has not encountered a similar condition in civil life. Four case histories are given. The mental and general cerebral symptoms were not marked and alone would not have indicated paresis, but associated with pupillary sluggish response, slight disorders of articulation, and facial tremors, they would have suggested the early symptoms. It is not so generally known that a pupil sluggish to light and a generally dilated one may be the results of exhaustion. In the cases reported every possible precaution was observed. The writer declares that the responses appeared pathologic, a view reinforced by a definite inequality. But the laboratory tests invariably failed.