

LOCALIZED LESION OF THE PONS.

Dr. JOSEPH COLLINS presented a little girl, four years of age, who had been well until seven months of age, at which time she had had a severe attack of diphtheria, followed by convulsions on several occasions. Six months ago she had broncho-pneumonia from which she had apparently made a fair recovery. Last December, a white speck was first noticed in the left eye, and a "drooping of the left eyelid." Two weeks later it was noticed that the eye turned toward the left side. Examination showed a moderately well nourished child; paralysis of the left facial nerve in all its branches and persistent conjugate deviation of the eye towards the right. The eyeballs could not be rotated at all to the left, but could be moved in other directions. There was no nystagmus; the pupils reacted to light and accommodation; and vision appeared to be unimpaired. The right eye could not be moved inward. There was no reaction of degeneration in the facial nerve. There was considerable general adenopathy; there were several slightly excavated scars on the body, some fissuring about the anus and a vaginal discharge. There was also some pulmonary consolidation. The knee jerks were alike on both sides and there was no spasticity. The optic nerve was perfectly normal. The child was treated for a time at the St. John's Guild Hospital by iodide of potassium and water locally applied, but with only slight improvement. At the present time there was also a paralysis of the right sixth nerve. The speaker said that the lesion must be in the left half of pons, as shown by the loss of movement of the eyeball towards the left. There was a history of tuberculosis in the family, and the condition of the lungs and the elevation of temperature would indicate at the present time the existence of a tubercular process. He would, therefore, conclude that the condition was not due to syphilis but to tuberculosis, although it was possible that there might be a mixed infection.