

## PHILADELPHIA NEUROLOGICAL SOCIETY.

Nov. 23, 1896. Vice-President Dr. F. X. Dercum in the chair.

Dr. C. W. Burr read a paper entitled

A CASE OF TACTILE AMNESIA AND MIND BLINDNESS.

(See this journal, page 259).

### DISCUSSION.

Dr. Wharton Sinkler.—This report of Dr. Burr recalls to my mind a somewhat analogous case which I saw some years ago, and which is still under observation. The patient has distinct hemianopsia, and there is also loss of memory for the names of objects, and to a certain extent there is also loss of tactile memory. If she were given a pencil and asked to name it, she would say that she knew what it was, but could not recall its name. If asked if it were a pencil, she would say, "Yes;" on being given a spoon she would examine it by sight and touch, but was unable to state what it was. If asked if it were not a bottle, she would promptly say, "Yes."

Dr. Wm. G. Spiller.—The condition which Dr. Burr speaks of as tactile amnesia has been described under the name of tactile aphasia. It is similar to the condition known as optic aphasia, which was first described, I believe, by Freund. Dr. Burr stated that when a watch was placed in his patient's hand she would look at it, but was unable to name it until it was placed near her ear. It would seem as though the sensory impulse had to reach the speech area of the cerebral cortex by some tract other than the tactile. In optic aphasia the patient is unable to name an object merely after looking at it. It has been claimed that optic aphasia does not exist alone. At least one of the cases reported by Oppenheim shows that it may be the only symptom of aphasia. These rare forms of aphasia are intensely interesting. So far as I know, there have been but three autopsies in cases of "pure" word blindness. They are those of Dejernie, Wyllie, and Redlich, and it would seem that in this form of aphasia the lesion involves the cuneus, lingual and fusiform lobules. I have in my collection preparations from Redlich's case. I am not aware of any fully satisfactory autopsy in any case of "pure" word deafness. This form of aphasia was first described by Sérieux.

Dr. Mills's case of word deafness was most interesting and of very great importance, but it was not, I believe, a case of "pure" word deafness. There was a lesion in each first temporal gyrus, but I am unable to state at the present moment all the symptoms observed. From the location of the lesion within the cortical speech area of the left hemisphere—judging from what we know of the location of the lesion in "pure" word blindness outside of this area—I would expect to hear of some form of paraphasia or paragrammia. By "pure" word deafness I mean the condition in which there is an inability to comprehend spoken words with no other disturbance of speech. A patient who has this form of aphasia should be able to write, read and talk in a normal way.

Dr. Charles S. Potts presented a case of Primary Neurotic Atrophy.

#### DISCUSSION.

Dr. F. X. Dercum.—This, I believe, is the second time that this disease has been reported in this country. Two other cases, brothers, were reported by Dr. Sachs of New York, some years ago. This would make the present case the third upon record. I would like in this connection to make a verbal report of a fourth case recently observed by myself in the clinic at the Orthopædic Hospital.

The man visited the institution but once and did not return. The condition was, however, unmistakable. He was some thirty years of age and presented the symptoms of primary neurotic atrophy in a very marked degree. Not only was there present the characteristic peroneal atrophy, but there was also present some atrophy of the muscles of the forearms, and especially of the muscles of the hands. According to the patient's statement, he had some six or eight years before had a sharp pain in one heel, and after this pain had persisted for a time, he noticed weakness in attempting to extend or abduct the foot. At the time that I saw him the weakness of the legs and the foot-drop were so marked that the gait resembled that of a multiple neuritis. There was also some wrist-drop so that the resemblance to a multiple peripheral nerve-palsy was exceedingly suggestive. There were no disturbances of sensation save the occasional sharp pain referred to. No paræsthesias appeared to be present. The progressive and gradual character of the disease, the beginning of the atrophy in the extensor and abductor muscles of the leg, as well as the slowly progressive character of the affection leave no room for doubt. Unfortunately, the patient did not return to the hospital, and the study of the case could not be satisfactorily completed.

Dr. Wm. G. Spiller presented a porencephalic brain from a boy who had been hemiplegic. (See paper on Infantile Hemiplegia published in this journal Jan., 1897.)

Dr. Samuel Wolfe presented a paper on

#### TETANUS NEONATORUM.

After a difficult labor of considerably more than 24 hours, Mrs. M., aged 22, was on November 5 delivered of her first child. The child is the subject of the present paper, but as the circumstances connected with the pregnancy and delivery of the mother have an important bearing in the case, I will briefly relate a few incidents pertaining to them. The woman's mother is a confirmed hypochondriac. Her husband is a very emotional man, of unusual instability, which is illustrated by the house and remained away for some hours. When he returned fact that while the labor was in progress he ran out of the he created a tumult by his loud weeping and loss of self-control.

During the last month of the pregnancy the mother had considerable myalgia about the chest, and was dominated by a conviction that she had a diseased heart. For this there was no ground, and she was positively assured to that effect.

When the labor came on the pains continued regularly for about ten hours, bringing about sufficient dilatation of the os uteri and bulging of the membranes to warrant a rupture of the latter. From this point there was no further progress. All genuine contractions ceased, though she declared herself as being continuously in agony, and insisted that she would not recover. Quinine, in six-grain doses every two hours, was now given as an oxytocic, until 24 grains had been used. The urine, which was retained, was drawn off by the catheter. An attempt to apply the forceps failed. She was now left for twelve hours in the hope that the contractions would recur, but at the end of that time, the inertia still persisting, the forceps were applied with difficulty with the aid of a consultant, and at the end of a few hours a male child of about seven pounds was delivered. Respiration was only fully established after an hour of faithful manipulation. The forceps had produced a severe abrasion over the angle of the right lower jaw, and a slighter one in the left parietal region.

Next morning it was observed that there was considerable spasm of a tonic character in the muscles of the face, the left eye being spasmodically closed, and the muscles of the lower part of the right side of the face somewhat contracted. On the third day the latter group of muscles was paralytic, the

spasm of the orbicularis palpesarum had largely disappeared, and the nurse reported that she had occasionally observed spasmodic movements of the left arm and right leg. On the fourth day nearly all indications of spasm and paralysis in the muscles of the face had passed away; the spasms of the leg and arm still occurred, with occasional opisthotonos and spasmodic respiratory movements. On the fifth day it was found that both arms were bent at the elbows, the wrists flexed, the fingers and thumbs clinched; on the right side the thumb into the palm, on the left over the index and middle finger. The legs were extended and the thighs slightly flexed and giving a picture of moderate emprostotonos. This condition continued until death occurred when the child had reached the twelfth day of its life.

Throughout the child had taken but little nourishment. It nursed from the breast, but very indifferently, and all attempts at artificial feeding were only partially successful.

The cord had not separated until the day before the child's death. The forceps abrasion had become covered by the second day with a thick, black incrustation, which before death had fallen off leaving a healed surface.

The medication consisted of the administration of  $1\frac{1}{2}$  gr. doses of sodium bromide every two hours, throughout the illness.

The case presented, in the marked involvement of the upper extremities and the absence of trismus, rather the symptoms of tetany than those of tetanus. While tetanus is comparatively frequent in the first weeks of life, tetany is not. The writer will appreciate a free discussion of the diagnosis. The possibility of a closer relation than is ordinarily conceded between these diseases might be considered. The fact that tetany usually follows exhausted conditions from prolonged irritation and disease of mucous membranes, and tetanus is associated with traumatism, in which the skin and subcutaneous tissues are involved, might lead to theories as to susceptibility of various sensory tracts.

Dr. J. M. Taylor made some remarks on an epidemic of poliomyelitis occurring last August in Maine. The cases were seven in number, so far as collected, and all occurred at the same place and within one week. One case was fatal. The subject will be presented more fully at the meeting of the American Neurological Society in May next.

Dr. Wharton Sinkler.—There have been several epidemics of poliomyelitis reported, but in none has any source of infection been found. The fact that there have been epidemics of this disease strengthens the belief that in most cases of poliomyelitis there is an infectious origin. Some years ago I called attention to the fact that poliomyelitis occurs four out of five

times in the summer months. There may be something connected with the heat, or with putrefactive changes favoring the development of an infecting agent, which finds its way into the system.

Dr. Wm. G. Spiller.—I have had the opportunity of studying the changes which occur in the spinal cord in this disease. The case was one reported by Redlich. The child lived about ten days after the beginning of the process. The small spinal vessels were very full of blood, and numerous capillary hemorrhages were found. The anterior horns were especially affected. The ganglion cells seemed to be altered secondarily. The findings confirm the theory of an infectious origin, which Dr. Sinkler has just referred to.

Adjourned.

ZWEI FAELLE VON ASTHENISCHER BULBAERPARALYSE. [Two Cases of Asthenic Bulbar Paralysis.] Deutsche Zeitschrift für Nervenheilkunde, Band IX., Heft 3 u. 4. By A. Kojewnikoff.

Kojewnikoff describes two cases of this rare form of bulbar paralysis; the first he regards as typical, the second, however, presented some unusual features. Alcohol seems to have been a causal factor in the first case. A diminution of vision, manifested especially by a rapidly developing decrease in the size of the visual fields on examination, due to exhaustion of the retina, and a similar condition of rapid exhaustion in the sense of taste were observed in the second case.

It is possible that these phenomena may have been due to hysteria, but no other changes of sensation were noticed. The ciliary muscle and the iris presented the phenomena of exhaustion. Another unusual feature was the reaction of degeneration in the muscles of the tongue and soft palate. Sugar was also observed in the urine. This was supposed to be due to a lesion of the diabetic centre in the oblongata.

[Attention may be called to a case of this disease occurring in America, and reported by Joseph Collins in the April number, 1896, of the International Medical Magazine.] SPILLER.

VOLITION. From Mind, July, 1896. By G. F. Stout (Editor, Mind).

Stout holds that the triumph of the voluntary impulse over conflicting motives is not like the stronger over the weaker of two opposing forces applied to a particle which moves in the direction of the stronger force, yet is retarded by the weaker one. In the mind act, he insists, the conflicting motives are driven off the field, and simply become, if anything, external obstacles in the way of attainment, that is, they are outside the sphere of deliberation, or, in other words, things that were motives, cease to be motives because they are no longer desires. He defines an involuntary act as "one which takes place in opposition to a voluntary resolution which exists simultaneously with it and is not displaced by it."

CHRISTISON.