

LARGE TUMOUR OF THE PITUITARY BODY, INCREASED KNEE JERKS, NO ACROMEGALY, NO GLYCOSURIA.

BY HENRY HANDFORD, M.D., M.B.C.P.LOND.

Physician to the General Hospital, Nottingham.

Case.—E. S., aged 53, single, was admitted in July, 1891. She began to lose the sight of the right eye last Christmas. The left failed at Easter. since which time she has been unable to follow her employment as a lace worker. Vomiting has been frequent, and she has suffered greatly from headache, chiefly affecting the right parietal region, which is tender to the touch. She lies in a drowsy state with the eyes closed. Memory is very defective, but otherwise her intelligence is acute, and it remained so until the end. There was no trace of acromegaly; and the urine remained free from sugar as well as from albumin. The eyelids could be raised but not quite fully, and there appeared to be some weakness, though the patient professed that she kept them closed voluntarily. There was also slight weakness of the internal recti, and some nystagmus on looking towards the right, none on looking towards the left. The pupils were equal, one half dilated and insensitive to light. The patient was blind but could distinguish day from night, though she could not distinguish the position of the windows. There was optic atrophy, with white discs, rather small vessels, but no trace of previous neuritis. At this time there was some doubtful weakness of the left side of the face, which a few weeks later became marked. There was no definite weakness of the limbs, the patient being able to walk fairly and use both hands. There was no alteration of sensation. The plantar reflexes were not noticeably increased, but the knee jerks and arm jerks were exaggerated. The bowels were exceedingly obstinate, being only moved after croton oil. She had no fits, but frequently had attacks of stertorous breathing which lasted several hours.

On August 31st, it was noted that the tongue deviated towards the right, and that the right half appeared wasted. She was much more feeble and could hardly stand. By September 21st the left arm and leg appeared decidedly weaker than the right, but on October 1st this difference could not be definitely estab-

lished, so much did the degree of paralysis vary. Taste was impaired and she called salt sour; but other things she recognised. Hearing remained acute. Speech became more and more thick and eventually she lapsed into a comatose state and died on October 17th, three and a half months after admission, and ten months after the first onset of symptoms.

At the necropsy a large tumour was found at the base of the brain pressing on and causing considerable flattening of the Pons Varolii, especially in its superior half. On antero-posterior vertical section the tumour was found to have originated in the pituitary body, and to be more or less encapsuled. The arteries of the circle of Willis were imbedded in the middle of the growth. The optic nerves and commissure were pressed very flat, and were partially involved in the tumour. The 3rd and 4th nerves were flattened and wasted, and the crura cerebri were also flattened and much atrophied. The tumour was a sarcoma. There were no growths in any other parts of the body.

The only mental symptoms here were some oddness of manner, great loss of memory and hebetude. It is remarkable that so large a tumour in that position should have caused so little injury to the cranial nerves. The optic atrophy was probably due to the pressure on and wasting of the optic nerves and commissure, and was not the result of previous papillitis, because the vessels were very little diminished in size, and there was no trace of lymph remaining. With this exception none of the other cranial nerves were *completely* paralysed. So far as the rest were affected the paralysis was *one sided*, or *variable* and incomplete, although the tumour was large, centrally placed, and nearly symmetrical. Although the crura cerebri were so much flattened there was little paralysis of the limbs until the last week or two, and no rigidity. The knee jerks and the reflexes of the upper extremities were increased on both sides as would be expected. It is to be noted that while the cerebral influences were largely cut off by the pressure on the crura the cerebellum and its connections with the cord were not affected.

The associations of tumours of the pituitary body or nypophysis cerebri, both with acromegaly and with glycosuria make the absence of both these conditions in this case worthy of note.



FIG. 1.

Photograph of the base of the brain. The whole of the middle fossa is occupied by a mushroom-shaped tumour. (*Best seen at two feet distance.*)

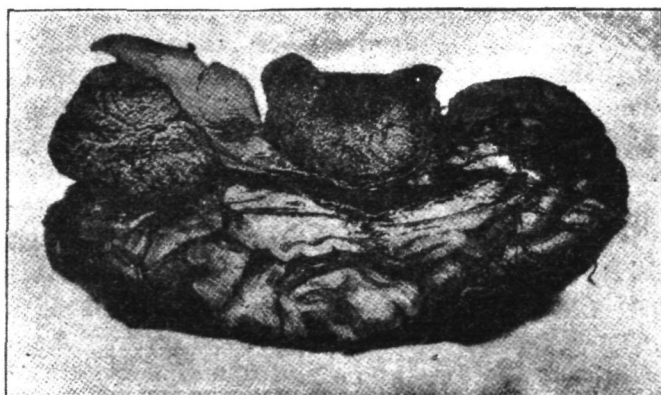


FIG. 2.

Vertical antero-posterior mesial section showing the flattening of the Pons Varolii and of the Crura Cerebri by the pressure of the tumour which is growing from the Pituitary Body.

