

Society Proceedings

NEW YORK NEUROLOGICAL SOCIETY

APRIL 2, 1912

The President, DR. L. PIERCE CLARK in the Chair

A CASE OF ACUTE EPIDEMIC POLIOMYELITIS

By Foster Kennedy, M.D.

The speaker presented a boy, from Dr. Dana's service, Cornell Clinic, twelve years old, who on August 18, 1911, was on a boat, en route to Albany. His previous history was negative, and he had been in his usual good health with the exception that for two days preceding his present illness he had complained of a slight headache. At 8 P. M., after having supper on the boat, he was coming downstairs, when he suddenly dropped to the floor and was completely paralyzed from the neck down. He did not lose consciousness, but complained of a general feeling of soreness. He was unable to move his head, and the loss of power was apparently absolute. On the following day it was noted that he had incontinence of urine and feces. On the fourth day he developed a broncho-pneumonia, and his temperature rose to 103° F. About a month after the onset of his attack, the incontinence of urine and feces disappeared, and he gradually began to regain power in the paralyzed muscles, first in the neck, then in the fingers, hands and arms, then in the right leg and last, in the left leg. About the seventh week he was able to creep, and during the tenth week he could walk by placing his hands on his knees.

On September 21, 1911, when he was first seen at the Vanderbilt Clinic, no sensory changes were made out. There was considerable weakness and some atrophy, particularly of the spinal and abdominal muscles. Since that time there had been a slow but steady improvement in the boy's condition, and he was now able to walk, and raise himself from the recumbent posture.

An interesting feature in connection with this case, Dr. Foster said, was that before his illness the boy's body was quite hairless, and two weeks after the onset of his attack it was covered with a downy growth of hair, not unlike the down on a young chicken. During his illness, the hair on his head, and his toe and finger-nails did not grow at all, although there was no loss of hair, and it was not until December, when the downy growth on the body was disappearing, that the nails and hair on the head began to grow. The right knee-jerk was greater than the left. Both ankle-jerks were increased. The abdominal and epigastric reflexes were absent. The plantar reflexes in December, 1911, were both of the extensor type, but at the date of presentation of case were of indefinite character.

Dr. I. Abrahamson recalled the case of a girl of eighteen, who, after many days of prodromal symptoms, fell, owing to her unsteadiness of gait, and shortly afterwards she developed the clinical syndrome of an almost complete transverse myelitis. A diagnosis of acute poliomyelitis with secondary hemorrhage was made, and later confirmed at the Rockefeller Institute in experiments on monkeys. The case was in the service of Dr. B. Sachs, who expected to publish it in detail at some future time. The girl made an almost complete recovery.

Dr. William M. Leszynsky said the remarkable feature in Dr. Kennedy's case was the sudden onset of the paralysis, apparently without preliminary symptoms. During the New York, 1907, epidemic he had seen several cases in younger patients who were not very ill and who were found paralyzed in all four extremities within a day or two. He recalled one such case in a child of six years and another of ten where without marked premonitory symptoms, all the signs of paralysis without spasticity developed. Both made good recoveries. In one of these instances, a second child in the family became similarly affected, and had remained completely paralyzed.

Dr. Smith Ely Jelliffe said there seemed every warrant for supporting the diagnosis of Dr. Kennedy in the patient shown. Not only in the New York epidemic of 1907, but in the numerous recent epidemics that had occurred throughout the world, there was evidence that cases of this kind were by no means uncommon. Myelitic cases had been reported by Medin and others. If a unilateral Babinski was present in this case, which now had disappeared, it was a very rare phenomenon, but yet not unknown in poliomyelitis. As to the persistence of the Achilles and kneejerks, they were not necessarily absent unless the affection involved the particular cord area concerned in the reflex path. In this instance, apparently, the muscular involvement was more or less mild, and one would not look, necessarily, for a loss of the reflexes mentioned. Furthermore, with reference to the pains which gave rise to a warrant for regarding the diagnosis of polyneuritis, it should be remembered that many cases of supposed polyneuritis were really cases of poliomyelitis. As Dr. Kennedy did not see the boy in the acute period, certain features regarding sensibility could not be reported upon; these were of value in determining a differential diagnosis, especially the tests for bony sensibility which were rarely modified in poliomyelitis, but often in polyneuritis.

The President, Dr. Clark, said he was surprised at the very slight involvement of the upper extremities if the condition was really a meningitic one. With involvement of the pyramidal tracts, one would naturally expect the upper extremities to show decided evidence of more permanent after-effects.

Dr. Clark said that during the recent epidemic of poliomyelitis, he saw several cases of the cervical type at the Babies' Hospital, and in those cases the upper extremities were certainly very much involved, both in the flaccid palsy and as to the final outcome. There was a considerable degree of wasting.

TUMOR OF THE RIGHT FRONTAL LOBE

By William B. Noyes, M.D.

The patient was an Italian, 26 years old, who was admitted to the Columbus Hospital on January 15, 1912. His family and personal history were negative.