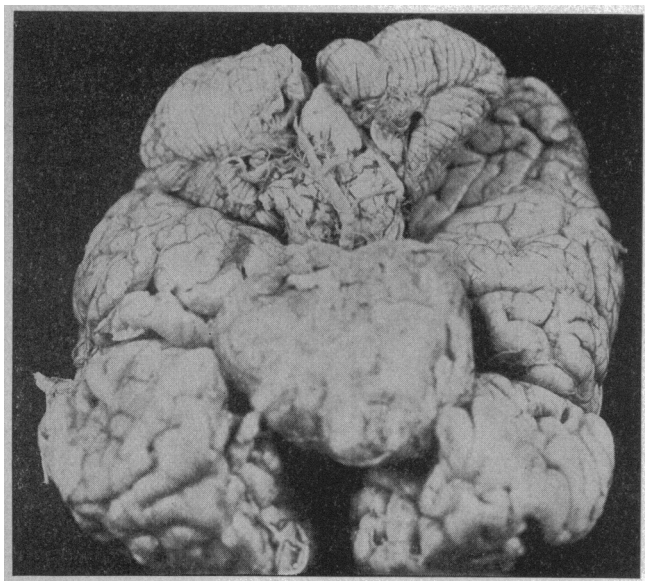


A CASE OF BRAIN TUMOR WITH PROGRESSIVE BLINDNESS.*

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The following case is deemed of sufficient interest to report on account of its very protracted course and the occurrence of the condition resembling dementia, which rendered the diagnosis of brain tumor very difficult. Dr. Kendig, who had the case under observation in its last stages, reports the following clinical history:

Patient.—J. A. was admitted to Longview Hospital Dec. 12, 1903, with practically no history except that he had been insane for eight months previous to the time of admission, this being his first attack of insanity. The patient died under our care and the case was reported at the meeting of the Cincinnati Neurological Society, when Dr. F. W. Langdon remembered having seen the patient in 1897, and I am indebted to him for the notes of his examination made at that time—July 17, 1897: Age 52, single, occupation, traveling salesman. There are notes about his personal appearance and family history which are not reported, as they present no bearing on the subsequent history of the case.



Personal History.—The patient had the diseases of childhood and contracted at the age of 22, 30 years ago, a luetic infection for which he was given thorough treatment at that time. There is a history of liberal use of tobacco since his eighteenth year, and up to his twenty-second year alcohol was used. The patient is emotional, quite voluble in speech; the speech is in no way impaired. His vision has been failing for the past two years. There is a double optic neuritis.

Motor System: Shows no impairment. There is neither palsy, rigidity nor ataxia. There is a slowness of speech, slight facial tremor, but no rigidity, ataxia nor loss of power; the ocular muscles are intact.

Sensory System: There is no anesthesia, reflexes are active, no disturbance of sensation. The sphincteric function is healthy. The diagnosis at this time was possible paresis, together with progressive optic atrophy. From this time on until he came under my care at Longview he gradually grew worse, physically as well as mentally. There had been progressive loss of vision until only daylight could be distinguished from darkness. On admittance, Dec. 12, 1903, he weighed 180 pounds, but showed the effects of a long confinement. He eats and sleeps well, pulse 68, but the arteries

are hard and tortuous with some cardiac enlargement; there is incontinence of urine and feces. There had been no vomiting, headaches, vertigo, and no convulsions. Mentally there is a general feeling of well-being, with a tendency to grandiose ideas; he takes no interest in past affairs and is always happy and contented. There is marked dementia. The knee jerks are slightly exaggerated on both sides, but there is neither ankle clonus nor toe extension. The sense of smell seems to have been intact a short time before death, for he appreciated the aroma of a good cigar. However, on account of his demented condition, it was never possible to obtain satisfactory data with regard to this function. He was subject to periodical attacks of diarrhea, and during one of these attacks he became unconscious and died 48 hours later.

The autopsy was made at the institution by Dr. Mann and Dr. Kendig, and the brain, including the tumor, was given to Dr. Wolfstein for further examination. The accompanying photograph shows the site of the tumor. The autopsy was reported by Dr. Wolfstein.

Autopsy.—At the base of the brain there is a very marked arteriosclerosis of the vessels of the circle and of their smaller ramifications. A very large globular and nodular tumor occupies a position so that a depression has been hollowed out in the region of the infundibulum and the optic chiasm. The optic nerves have been so pressed on as to cause their practical disappearance, but the cranial nerves are intact. The olfactory tracts are present, but show distortion and are small. The site of the tumor is such as would cause complete blindness by destruction of the optic nerves themselves, although the tracts behind the chiasm are intact. The arteriosclerosis was quite extreme and there was evident interference with the healthy function of the cerebral tissue. The tumor was not adherent and could be shelled out from its depression without difficulty, and presented the type of vascular small-celled sarcoma. The tumor was of interest as showing a progressive development over a term of years without the occurrence of any of the general symptoms of brain tumor except blindness and optic neuritis.

A CASE OF VERY LARGE TUMOR OF THE FRONTAL LOBE. OPERATION; DEATH.*

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MEDICAL HISTORY BY DR. BROWN.

Patient.—Miss R. M., aged 19 years and 3 months, was first seen by me June 10, 1903, in consultation with Dr. Smiley, her family physician.

History.—In March, 1903, she had a bilious attack with vomiting similar to attacks that she frequently had had either from overeating or from overfatigue. She was somewhat run down at the time of this attack, which was followed by a period of indigestion. She vomited some bile, the vomiting bearing very vague relation to eating. Two weeks later a paralysis of the left external rectus was noticed and there developed slowly an apparent paralysis of the right external rectus. During the early part of the month of March she did considerable fine hemstitching out of doors while driving. This time for doing it was chosen in order to avoid its being known. During April and May she was under the care of Dr. Smiley, who considered her circulation out of order on account of a rapid pulse and cold extremities, for which he used massage and electricity. Her father states that she had always had a rapid pulse. After April 1 there were several recurrences of

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