

A CASE OF TABES DORSALIS, WITH DELUSIONAL INSANITY.

By FRANCIS O. SIMPSON, L.R.C.P., M.R.C.S.,

Pathologist and Assistant Medical Officer, West Riding Asylum, Wakefield, Eng.

The patient was a widow, aged forty-one, her education was medium and she belonged to the Salvation Army. The medical certificate upon admission stated that she had been much excited by her religious observances prior to admission and had been employed in writing articles for several periodicals. Eventually she broke up her home and gave all her household possessions away, saying she had no further use for them as the Lord would provide for her. She walked about the house with a lighted lamp in her hand, saying she was one of the ten wise virgins; the lamp went out and she then stated she had become one of the foolish ones. She is said to have had several previous attacks of "paralysis," from each of which she claims to have recovered. The patient's husband died in this institution three months prior to her admission from general paralysis of the insane. He was of intemperate habits and had a clear history of syphilis, which he communicated to the patient. The first child resulting from their union was healthy, then followed three abortions, whilst the fifth child is idiotic and shows clear signs of hereditary syphilis. The patient and her husband suffered from secondary syphilitic manifestations at the same time.

Upon his side there was a family history of insanity and intemperance; apoplexy and consumption on her's. The eldest child is described by the patient as being passionate and unmanageable, evidently markedly neurotic. Upon admission the patient had all the classical symptoms of locomotor ataxia extremely well marked, together with numerous delusions and hallucinations. She believed that she heard raps upon the table in the early morning, and these were the "power of evil" addressing her because she was not doing God's will. Stated that she was carried to a meeting in a chair before admission, that some one laid his hands upon her and she was cured by faith, being

able to walk home and subsequently to perform her ordinary household duties for a considerable time. She was quite unable to walk around the room without holding on to the table and steadying herself by grasping the other articles of furniture, but insisted upon being allowed to make the attempt, saying that the Lord would not allow her to fall.

There was paralytic mydriasis of left pupil and the right was also considerably dilated and irregular in outline. There was no reaction to cutaneous stimulation on right side, but the left responded sluggishly. Both pupils reacted well to accommodation. The optic discs were normal to ophthalmoscopic examination. There was very slight ptosis of the left upper eyelid. Sensation in the legs was much diminished and there was marked disturbance of equilibration, with much ataxia in walking, Romberg's sign being well defined and the tabetic gait very pronounced. The patient could only stand steadily with the eyes wide open and the feet placed far apart. The arms were not involved in these troubles, nor was there any loss of sensation in the upper extremities, but she suffered much from "lightning-pains" in them. The tendon reflexes were abolished in the lower but present in the upper extremities. Her mental equilibrium was exceedingly unstable and she varied between states of profound depression, with refusal of food, and considerable exaltation. A week after admission she retained the same ideas and said that she had been sent here for us to see the "finishing of the miracle" of her cure. At times she refused both food and medicine, stating that she had been ordered to do so by the Almighty as a punishment for her sins. She was incoherent and excitable. Her medicine consisted of ten-grain doses of the iodide of potash administered thrice daily.

A month later she became much troubled with girdle pains and the "lightning-pains" also became almost unbearable. The iodide of potash was stopped and the sensory troubles combated with opiates, which required to be administered almost daily during the following three months for the relief of the perpetual pains. Subsequently it was found that she derived more benefit from fifteen-grain doses of antipyrin than any other medicinal agent when the pain was severe, but after use for about a month this drug seemed to lose all its potency and compelled a

return to the opiate treatment after she had been in the asylum eight months.

In the ninth month of her residence with us a new complication presented itself in the shape of gastric crises, and after employing almost the whole armamentarium of medicinal agents without effect, she was found to be fairly relieved by small quantities of iced champagne, together with the application of blisters, the size of a penny, to the skin of the epigastrium.

From this time forward she steadily improved and her mental symptoms sank into abeyance. She was soon able to be up and about again and after a residence of twelve months she became clamorous for discharge. In conversation she showed no change in her delusions and believed that she had been cured owing to the laying on of hands at the prayer-meeting above mentioned. Her physical symptoms were relieved, though the absent tendon-reflexes, ataxic gait, slight inco-ordination and pupillary anomalies, showed that she was only enjoying a remission in the course of the disease. She was allowed to leave the asylum and committed to the care of the Poor Law Guardians. Five months after her discharge she forwarded me a semi-religious publication containing an article written by herself and describing how she had been cured by faith, and a month later a letter was sent to her, in reply to which she practically admitted that her condition remained the same as upon discharge, though still claiming that she was entirely cured.

Some noteworthy points in connection with this case were: firstly, the differential diagnosis from tabetic general paralysis, which was fraught with considerable difficulty in the earlier days of her residence in this institution; secondly, the well-marked remissions of symptoms she enjoyed from time to time; and thirdly, the very definite history of venereal disease. With regard to the differential diagnosis, Gowers, in his "*Diseases of the Nervous System*," says, "When the symptoms and lesions of tabes are combined with those of general paralysis of the insane, it may be doubtful in which category a case should be placed. The question is rather one of the preponderance of the symptoms of one or the other malady than of absolute distinction between them. In most cases, however, in which this combination exists, the symptoms of general paralysis become more pronounced as time goes on, and

the spinal symptoms, which at first were the most conspicuous, pass into the background."

In the above case the mental symptoms were, at the outset, far more prominent than the physical, and this condition subsequently became reversed, in which state the patient remains. It is now probably between six and seven years since her infection with the specific virus, and the history since her admission covers a period of twenty months.

SOLITARY TUBERCLE OF THE CORD SITUATED AT THE EXIT OF THE SECOND AND THIRD SACRAL ROOTS. *Bulletins et Mémoires de la Société Médicale des Hôpitaux de Paris*, No. 10, 1897. By Marfan.

A child of two years and two months was suddenly completely paralyzed in the lower limbs. It was thought at this time that there was complete anæsthesia of these parts. Retention of urine lasted for three days, and was followed by incontinence of urine and feces. After three weeks some movements of the limbs could be made, and walking became possible, but with considerable difficulty. The tendon reflexes were exaggerated, but ankle clonus was not observed. Sensation appeared to be normal. The lower limbs were somewhat atrophied and rigid, and there were some trophic lesions. The upper limbs and face were not affected.

Pott's disease is the most common cause of paralysis in children, but the paralysis does not develop acutely, as in this case. There was also no deviation of the spinal column and no tenderness. Hematomyelia seemed to be the only condition which could explain the symptoms. In a child of two years this might be due to syphilis or tuberculosis. There were no evidences of the former disease in the parents or child. The diagnosis of solitary tubercle of the cord was made, notwithstanding the rarity of the condition, although it occurs more frequently in children. There were no other clinical signs of tuberculosis.

At the autopsy a solitary tubercle of the sacral cord, with hematomyelia of the adjacent parts, subarachnoidal hemorrhage, ascending hemorrhagic poliomyelitis, and intense and diffuse phlebitis of the pial veins was found. No tubercular lesion of more ancient date were observed, although miliary tubercles were present in the lungs.

SPILLER.