

Society Proceedings

PHILADELPHIA NEUROLOGICAL SOCIETY

APRIL 28, 1911

The President, DR. ALFRED REGINALD ALLEN, in the Chair

NEUROLOGICAL MANIFESTATIONS OF PELLAGRA

By Samuel Stern, M.D.

The sense of false security under which the medical profession of the northern and eastern states labors as to geographic and climatic limitations associated with a supposed absence of customary diet were first pointed out. Attention was then called to the common presence wherever sought for of the essential factors necessary to the production of the disease, e. g., poverty, poor hygienic surroundings and Indian maize or its products included in the dietary of the affected individuals.

The erroneous views as to the symptom complex necessary to enable one to diagnose the disease were also discussed, and the dangers attendant upon waiting the appearance of any one symptom or symptom group, with a plea for a study of, and the early recognition of, the disease.

Of the various nervous phenomena, both organic and functional, described as attendant or dependent upon a pellagrous infection, neurasthenia, hysteria, hypochondriasis, tremors, trophic changes, pseudo or true degenerations were included as prodromal or terminal evidences of the disease.

The psychosis included all forms with which the many classifications are endowed.

In conclusion, it was pointed out that pellagra has ceased to be of academic interest to the American physician, its presence and recognition over a large area spreading rapidly with the physician's knowledge of the disease calls for intelligent investigation and further elucidation of the disease for the general public's and profession's benefit.

A CASE OF TRAUMA OF THE NECK PRODUCING SYMPTOMS SUGGESTING PACHYMEMINGITIS

By George E. Price, M.D.

A male negro, 44 years of age, a laborer by occupation, received a wound in the neck from a small piece of steel. The fragment entered in the median line, anteriorly, at the upper border of the thyroid cartilage. The wound bled slightly, but no other inconvenience was experienced at the time except moderate soreness. One and a half hours after the accident, an X-ray examination was made by Dr. Austin at the Germantown Hospital, locating the chip of steel just in front of and almost touching the

body of the fourth cervical vertebra. No operation for removal was attempted. Sixteen days after the accident, a paroxysm of coughing was followed by expectoration of the foreign body. Within a few hours pain developed in the back of the neck, later extending down both arms and being accompanied by stiffness of the neck and back. Dr. Price saw the man through the courtesy of Dr. Wm. Shick, about eight weeks after the accident. Symptoms present at this time were: fever of 100° to 101° ; marked rigidity of the back and neck and severe pain radiating down both arms. There was no muscular wasting, no tenderness over the nerve trunks of the brachial plexus, and no sensory loss. The reflexes were prompt; there were no eye symptoms and no hysterical stigmata. From this time until the patient was presented before the Society there had been a gradual subsidence of the fever and pain until practically no symptom remained except some stiffness of the neck and back. The diagnosis of pachymeningitis as originally considered was not justifiable in view of the improvement in the case.

Dr. F. X. Dercum said he had seen Dr. Price's case at the time the man came into the hospital and there was very marked pain radiating down the brachial plexus toward the left arm.

Dr. A. A. Eshner asked what association Dr. Price made between the injury and the development of the cervical pachymeningitis, that is, as to whether the piece of steel in any way penetrated the spinal canal or whether the traumatism exerted any influence upon the meninges.

Replying to Dr. Eshner's question, Dr. Price said that he regarded the condition as being due to infection along the track of the foreign body. Otherwise he was unable to account for the fever and other symptoms.

UNILATERAL ASCENDING PROGRESSIVE MUSCULAR ATROPHY

By George E. Price, M.D.

A man, age 31, an acrobat, referred by Dr. Sargent on account of a weakness and inability to extend the two middle fingers of the left hand.

Examination revealed not only a wasting of the smaller muscles of the left hand, to which the weakness of the fingers was due, but marked wasting of the left arm and leg, the triceps being practically absent. There was also some atrophy of the muscles of the left side of the trunk. The musculature of the face and of the right half of the body was unaffected. Fibrillation was marked especially about the upper extremity. Reflexes were prompt in the left arm and exaggerated in the left leg. Babinski's sign and ankle clonus were absent. There was no bladder disturbance. The eyes were normal. Reactions of degeneration were not present. The man gave a history of having noticed wasting in his left leg when sixteen or seventeen years old, a few weeks after having sprained his left ankle. When thirty years old, while performing, he fell, his weight coming upon the left hand and arm. At this time he noticed a "lump" about the middle of his left arm, posteriorly, and since then noticed that his left arm was smaller and weaker. He had no pain of any account. The man uses alcohol moderately and denies syphilitic infection. An uncle and a first cousin were insane, otherwise the family history was negative. The case was considered to be one of amyotrophic