

French originally applied to this group of affections the term neurasthenic insanities and later, as we know, Janet devised the term psychasthenia. The major element in such a case is doubtless a neuropathy, a neuropathy which is very likely inherent. It is probable that the family histories which we get in cases of this kind as in others, are unreliable as regards the existence of functional nervous and other disturbances. This woman appears to have conducted herself in a rather normal manner until subjected to the very unusual and persistent nervous strain which she describes. We have therefore a neuropathy to which has been added the factor of exhaustion, the result being the evolution of the peculiar symptoms which this patient presents. In other respects the patient appears to be normal. She is not delusional concerning any other matter, and gives a lucid account regarding her daily life and surroundings.

NEW YORK NEUROLOGICAL SOCIETY

FEBRUARY 4, 1913

The President, DR. SMITH ELY JELLIFFE, in the Chair

TUMOR OF THE BASE OF THE BRAIN IMMEDIATELY BEHIND THE PITUITARY BODY

By H. Climenko, M.D.

The patient was a girl, nine and a half years old, of Jewish parentage, born in the United States, who first came under observation on November 10, 1912. The family history was unimportant. Personal history: The patient was delivered instrumentally and breast fed. Teething occurred in the seventh month, and she began to speak and walk when about a year old. She attended school until her present illness, and was of average intelligence. She had whooping cough at the age of four years and measles a year later.

Present Illness.—For the past twelve months the child had suffered from unusual thirst and occasional vomiting, although these symptoms were not of sufficient severity to interfere with her regular school work. The attending physician had not found anything abnormal in the urine. About six weeks ago she developed an alveolar abscess of a right lower molar; the abscess was incised, and a few days later the tooth was extracted. On the following day, ptosis of the right eyelid was noticed, and two days later a similar condition developed on the left side. She began to suffer from intense headaches and profuse vomiting.

Examination by Dr. Climenko showed a pale emaciated child of normal size and good development. Her station and gait were negative. All the tendon reflexes were increased; no Babinski; no clonus. The abdominal reflexes could not be elicited. No sensory disturbances. Smell was unaffected. There was complete bitemporal hemianopsia, with pallor of the optic discs. There was complete ophthalmoplegia of the left eye, and the right eyeball was drawn outward. Both pupils were widely dilated and failed to react to light and accommodation: the other cranial nerves revealed no abnormalities. The heart, lungs and abdominal viscera were negative.

With the above symptoms, the following possibilities as to diagnosis were thought of: (1) A toxic neuritis of the ocular and optic nerves. (2) An empyema of the body of the sphenoid. (3) An encephalitis of specific origin. (4) Tumor. The patient was admitted to the Mt. Sinai Hospital, where she was seen by Dr. I. Abrahamson. The blood and spinal fluid were examined with negative results as to the Wassermann test. An X-ray examination, made by Dr. L. Jaches, showed a marked depression of the middle fossa of the skull, presenting a trough-like appearance, while the posterior clinoid process was pushed forward, narrowing the upper part of the sella turcica. With these findings, the diagnosis of a tumor of the base of the brain was established.

This patient, Dr. Climenko said, was at present in the Neurological Hospital on Blackwell's Island. The headaches and vomiting had disappeared completely for the past few weeks, but the child was extremely emaciated and totally blind. No other symptoms had developed.

Dr. I. Abrahamson said the case reported by Dr. Climenko was first looked upon as one of toxic ophthalmoplegia, with beginning atrophy of the disks. A little later, when the atropine had worn off, it was noted that the pupils remained widely dilated, did not contract to light, etc., and they then knew that they were dealing with a condition directly involving the nerves themselves. The X-ray cleared up the diagnosis, revealing a tumor behind the sella turcica.

A CASE FOR DIAGNOSIS

By H. Climenko, M.D.

A married woman, 46 years old; born in Russia. The only point of interest obtainable in the family history was that the mother and two sisters were "very nervous." The patient's previous history was negative. She passed the menopause two years ago.

When the patient was first seen by Dr. Climenko, six years ago, she gave the following history: Two years ago she was awakened one night with a peculiar sensation in the right upper extremity; she felt as though a shock of electricity had passed from her shoulder to her toes. This lasted only a few minutes, and after that she was unable to move the right upper extremity; it hung powerless by her side for a few minutes only, soon afterwards assuming its normal function, and on the following day she was able to work.

Two months later she had a similar attack, but this was of longer duration. Since then these attacks became more frequent and lasted for a longer time. She consulted a physician, who advised hypodermic injections of strychnia, with massage and electricity. This treatment, the patient claimed, aggravated her condition, and subsequently she complained of weakness and inability to use the right arm.

Physical examination revealed a hypertrophy of all the muscles of the right upper extremity. The reflexes were unchanged; there were no sensory disturbances; no change in the electrical reactions. There was diminution of the gross motor power in the arm and inability to execute the finer movements (picking up a pin; threading a needle, etc.) with the right hand. No other symptoms were present.

Six years later, when the patient again consulted Dr. Climenko, she