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of Fourteen Years'  
Standing.

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## A CASE OF GENERAL PARESIS OF FOURTEEN YEARS' STANDING.

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On September 1st, 1885, I was consulted by Mr. A. B., who was referred to me by my friend, Dr. C. A. Oliver. I obtained the following history:

Mr. A. B. was thirty-eight years of age, and had been married for several years; his wife had had no children or miscarriages. He had syphilis some years prior to his marriage. He had always enjoyed good health and had been actively engaged in business as a broker for many years.

Two or three years before I saw him he had failed in business, and since then had had no regular employment. This want of occupation seems to have made him restless and unsettled, and he talked constantly about the hardship of having no business, and he said if his friends would only purchase a seat for him in the Board of Brokers, he could soon become wealthy. He had no other expansive delusions at this time; but his wife told me that for ten years he had had somewhat extravagant ideas as to his powers of money-making, and that he had been more or less erratic. He was irritable at times, and he would occasionally give way to violent temper.

Several members of his family—three brothers—were, or had been, insane, and also one of his uncles had suffered from some form of mental trouble.

On August 5th, 1885, he wakened in the morning with violent pain in the eyes—most severe in the right eye. A day or two later, he noticed that he had double vision, and he then consulted Dr. Oliver. When I saw him he had almost constant pain in the right brow, and paroxysms of more acute pain in the same location. He was annoyed by the diplopia. He was otherwise in good health, with the exception of attacks of abdominal pain which were apparently always due to imprudence in diet. He was a large and indiscriminate eater. I used electricity—the Faradic current—to the external rectus; gave him iodide of potassium internally and regulated his diet. In a few weeks the pain was relieved and the double vision had disappeared.



I did not see the patient again until September 4th, 1887, when I was sent for to see him, and found him suffering from the effects of two epileptiform convulsions which he had had the previous day. I found that he had had three or four fits in the few months previous to this time. When I saw him, he was only partially conscious. When roused, his speech was incoherent and thick. He was unable to express his wants. There was no paralysis. In twenty-four hours after this time, he had recovered consciousness completely, and was able to speak distinctly, but with some hesitancy. He was given bromide of sodium—15 grs. three times a day—and in a few days he was about and apparently as well as usual.

September 11th, he had a slight attack, which was more like a faint, and was not followed by speech difficulty.

September 25th, he had an attack of extreme excitement brought on without sufficient provocation; mind much disturbed for some hours; he has some delusions; he talks incessantly of the hardships he is enduring at the hands of his friends, who will not buy him a place in business. He thinks he still has great opportunities for money-making if he only had a chance. Most of the time he is in good spirits, laughing and talking, and appears well satisfied with himself.

November 22d, 1887, he had another attack in which he was unconscious, followed by severe pain in the head and sense of general fatigue. His mental condition is becoming worse; his memory is bad.

January 7th, he had four convulsive attacks, after which he was violent and abusive to those about him. When seen by me—January 11th,— he was aphasic, and had been so since the date of the last spasms. There is ptosis of the right eye, but no loss of power in the arm or leg.

January 24th, aphasia has almost disappeared; except when he is excited he occasionally misapplies a word. He was ordered iodide of potassium, 20 grs. three times a day.

March 20th, he has had no attack since last note until one week ago, when he had an attack following a long walk through the snow. He came into the house with expressionless face; stood for a few minutes looking blankly about; and was then seized with convulsive movements. Both arms shook violently and were drawn upwards; the face was drawn to the left; the attack lasted ten minutes. He afterwards slept heavily for some hours but was restless the remainder of the night. He was not aphasic the next

day, but to-day he is, markedly; is readily excited, and talks incessantly. Dynamometer, first effort—right hand 190; left, 160; next effort—right hand 160; left, 140.

March 31st, he had another attack, followed by temporary aphasia.

April 13th, and April 18th, two more attacks.

May 1st, 1888, he is still very aphasic. He talks incessantly; but continually uses the wrong word and mispronounces words of many syllables. The dynamometer—right hand 180-160-120; left hand 150-120-120. (It will be noticed that the strength of the right hand becomes quickly impaired.)

May 20th, 1888, he has had no more attacks, but continues very aphasic: talks incessantly; beginning to have expensive ideas—talks of going into “big transactions;” says he is going to make “big money.” In speaking, there is considerable mouth-tremor; great tremor of tongue when protruded.

May 28th, had another attack; for eight hours the right side was parietic. The mental condition continued to grow worse; periods of excitement more frequent and at intervals he was suspicious of every one and every thing, although there was no paralysis. The bodily weakness increased; he could make no physical exertion without being greatly exhausted. Most of the time, however, he was in good spirits and talked incessantly, but incoherently—the aphasia remaining about the same.

Finally, in October, his condition was such that it became necessary to transfer him to the Pennsylvania Hospital for the Insane, where he was placed under the care of Dr. Brush, whose report of the subsequent progress of the case you will see below.

I append the report of the eye-examination made by Dr. Charles A. Oliver:

Mr. A. B. first consulted me in August of 1885, with the history of sudden pain in the right eye, which had come on seven days previously. Patient said that he had been myopic for a long while, for which he had used -S. 3. D. in each eye for distance alone.

Vision of right eye equaled  $\frac{5}{80}$  which was brought up to  $\frac{5}{87}$  by -S. 3. D.

Vision of left eye equaled  $\frac{5}{80}$  which was brought up to  $\frac{5}{87}$  by -S. 3. D.

Accommodation of right eye equaled type O. 50D. 13cm. to 33cm.

Accommodation of left eye equaled type O. 50D. 11cm. to 41cm.

Ophthalmoscopic examination without the use of a mydriatic, showed dirty gray discs without any other pathological changes except those ordinarily found in cases of compound myopic astigmatism.

With both eyes, vertical diplopia of ten degrees, gave a homonymous diplopia of five degrees at twenty-six centimetres. Careful estimation of refraction by the use of Atropine, showed O. D. -S. 3. D.  $\ominus$  -C. O. 75 D. axis  $180^\circ$ , and O. S. -S. 2. 50D.  $\ominus$  -C. O. 50D. ax.  $180^\circ$ . This correction gave full vision in each eye. Study of the excursions of the extra-ocular muscles showed a slight paresis of the right internus.

Diagnosis: paresis of right externus with compound myopic astigmatism.

Two days before receiving correction, the patient returned complaining of double vision for distance which had come on a few days previously. Examination showed nearly five degrees of homonymous diplopia for five metres, and seventeen degrees for twenty-six centimetres. Patient referred to Dr. Wharton Sinkler for general treatment.

Two days later, full correction ordered for distance, and the cylinders for near work; a plain ground glass being substituted for the correction on the left side during the persistence of the double images.

In five weeks' time after this treatment, the paresis had decreased to five degrees for the twenty-six centimetre distance, and double vision for distance had become quite infrequent.

Four weeks after this all diplopia had ceased, and none could be obtained by testing. The ground glass was now removed.

In January of 1887, at Dr. Sinkler's request, an ophthalmic re-examination was made. Central vision for black type on white ground, with the ametropia corrected, was found to be normal. Central color preception proved to be good in each eye. Fields of vision were normal, though those of the left eye were probably somewhat reduced in area. The accommodative near points had slightly receded, but not more than could be expected for the lapse of time between the two examinations. The eye-grounds however, gave marked evidences of regressive neuro-retinitis, this being more pronounced upon the left side. Upon individual exposure, the left pupil was the larger, though conjoinedly, both became equal. In associated action, the irides were freely mobile to light stimulus

and accommodative action. In monocular action, the left iris was not so freely responsive. A slight paresis of the right externus could be made out.

*Résumé.*—Paresis of the right externus, which promptly yielded to treatment in a little more than two months' time, followed in eighteen months' time by post-neuritic changes, (incipient degeneration,) more marked on the left side, with slight paresis of the external rectus of the opposite side.

*Remarks.*—There are two points of special interest in this case to the neurologist: First, the slow progress of the disease—the history of mental disturbance extending over a period of ten or eleven years —and secondly, the question of diagnosis.

The case seemed to me to be one either of *brain tumor*—that is, a gummatous growth in the left frontal lobe; or *general paresis*.

I was, at first, disposed to adopt the former view on account of the localizing symptoms, namely: the epileptiform convulsions, affecting chiefly the right side and followed by aphasia, which was at first transient, but afterwards became permanent; and the ophthalmoscopic examination of Dr. Oliver, in which he found neuro-retinitis, confirmed this view. Later on, however, the symptoms of *general paresis* became more manifest, and as a report of the autopsy shows, the only lesions found were those of *general paresis*. It is unfortunate that portions of the brain which were preserved for microscopic examination decomposed before they could be examined. In a case like this where there was such distinct aphasia one would surely expect to find some microscopic changes in Broca's convolution even if there were no gross lesion.

The patient had the benefit of full anti-syphilitic treatment. The iodide of potassium was given up to one hundred and fifty grains a day, and mercury was given steadily for fully two months.







