

poral hemi-anopsia might have been expected to be present; such, however, was certainly not the case. The observation was made of loss of the knee-jerks. This has been once previously noted by one of us in a case of cerebral tumour; the symptom forms the subject of an interesting paper by Dr. Stephen Mackenzie in Vol. vi. of "Brain." Lastly, the situation of the growth deserves notice; Gowers draws attention to the proclivity shown by tumours at the base of the brain for the neighbourhood of the anterior clinoid process and the petrous bone; in both McDowall's case and our own, the former was the site of election, and one of us has, in asylum practice, met thrice with growths similarly placed. A practical point is that in this situation they can be reached by the surgeon, but are we at present in a position to avail ourselves of his assistance? Hitherto, so far as we know, Professor Durante's case [*Lancet*, Oct. 1st, 1887], is the only one in which diagnosis has been followed by successful operative measures.

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*Case of Peripheral (Alcoholic) Neuritis, under the care of Dr. T. W. McDOWALL, reported by JOHN CLARKE FENWICK, late Clinical Clerk, Northumberland County Asylum.*

Kate H., aged 42, married, the mother of one child, a barmaid in her younger days, was admitted into the Northumberland County Asylum on October 10th, 1889, suffering from delusions, loss of memory, and paralysis of the upper and lower limbs.

*History.*—She has a well-marked neurotic history. Her father had chorea when a young man. She has an idiot brother and a maternal cousin deaf and dumb. Her son, aged fifteen years, has chorea.

*Present illness.*—Her illness dates back some two years, about which time—indulging freely in stimulants—she had frequent attacks of headache. She now developed "rheumatism" (?) in her right leg, which was followed some months later by "pins and needles" in the ankles and knees and about the calves of the legs. At this time she had pains whenever she attempted movement in either the knees or ankles, more pronounced in the right leg. She now began to experience difficulty in walking, she "could not trust her legs," combined with which there was pain on movement, and a feeling of heaviness about the lower limbs, which slowly increased until she was compelled to take to her bed.

She now noticed that she was losing power in her hands; used to drop things, and was unable to carry a cup to her mouth, owing not only to loss of power, but also to irregular movements. She is described at this time as being exceedingly irritable and bad tempered, and partaking freely of alcoholic stimulants.

MEMOIR OF MRS. J. D. QUINN,  
APRIL, 1851.



TO ILLUSTRATE CASE OF PERIPHERAL NEURITIS

APRIL, 1851

*Present condition. Nervous system.*—She has marked numbness and tenderness in the lower limbs. The soles of the feet are exquisitely tender; there are shooting pains down the legs, and marked atrophy of the tibialis anticus, extensor communis digitorum, and the extensor proprius pollicis. She has a typical Drummond's ankle-drop. There is but little power in either the muscles of the calf or those of the front of the thigh. She has a decided objection even to gentle pressure of the calves, the muscles being exceedingly tender to the touch. There is well-marked hyperæsthesia in patches over the lower limbs, and spots of hyperalgesia and analgesia here and there. There is impaired sensibility on the outer side of both legs, with occasional patches of anæsthesia. Retarded sensibility is exceedingly well demonstrated. The thermal sense is apparently normal. She has something akin to a "girdle sensation" round the calves. There is no vesical or rectal sphincter paralysis. There is no plantar reflex, but the foot is withdrawn with all possible speed owing to the exquisite tenderness of the sole.

The knee jerk is gone. She lies with the knees flexed and the ankles extended. With her eyes shut she is quite unable to tell the position of her legs, and she cannot place the right or left heel upon the opposite great toe. In the upper extremities the numbness, paralysis, and ataxy are so marked that she is totally unable to do anything for herself. On being asked to place either index-finger upon the tip of the nose with the eyes shut, her attempt is wide of the mark. The fingers are flexed into the palm, and to the ulnar side. There is atrophy of the muscles of the arms, forearms, and hands—more pronounced on the dorsal aspect of the forearm.

There is almost complete paralysis of the supinator longus of both sides. Here and there are patches of hyperalgesia and of analgesia in the forearms and hands, and the muscles are painful on pressure. Numbness and tingling are very pronounced in the hands, especially on the palmar aspect of the fingers. On testing the wasted muscles with the interrupted current, there was noticed a loss of a faradic irritability, with the continuous current a slight increase of galvanic irritability, but the muscles were slow in responding to either form of current. There is a slight inequality of the pupils, the left being the larger of the two. They react but slowly to light, but are fairly active to distance.

*Alimentary system.*—The tongue is moist, furred, and tremulous. The breath is fetid. Lips dry and cracked. Teeth fairly good, but dirty; gums slightly spongy. The appetite is only moderate. Deglutition easy. Slight thirst. There are no gastric sensations—pain, weight, heartburn, distension, nausea—complained of. She has sometimes flatulence, but no acidity, eructation, or water-brash. On one or two occasions she has had diarrhœa, but ordinarily the bowels are moved every 48 hours, and the character of the motions healthy.

*Abdomen.*—There is nothing in this region calling for notice.

*Hæmopoietic system.*—There is nothing of moment about the lymphatic vessels or glands, except that the glandulæ concatenatæ on the right side are slightly enlarged. The thyroid is apparently normal. Splenic dulness normal. Microscopic examination of the blood presents nothing abnormal; rouleaux are well formed. The colour of the blood as estimated by the hæmoglobinometer is apparently normal, as also the number and relation of cells to each other.

*Circulatory system.*—There are no subjective phenomena complained of—pain, palpitation, faintness, or dyspnoea. There are no thrills or abnormal pulsations anywhere apparent. Auscultation of the mitral area shows—first sound dull, and rather soft; second sound sharp. Over the tricuspid area the first sound is apparently normal, the second sharp; over the aortic area the first sound is inaudible, the second is a sharp click; over the pulmonary area first sound dull, pulmonary element of second accentuated. There are no murmurs or friction sounds. Pulse 76, regular, and soft. The arteries, capillaries, and veins are apparently normal.

*Respiratory system.*—The breathing is thoracic in character, regular, 22 to the minute. No pain, cough, or expectoration. The pharynx is slightly inflamed. The chest is well formed, the movement is good, and measures seventeen inches on both sides. The expansion is equal on the two sides of the chest. There is a slight increase (relative) of vocal fremitus on the right side in front. A good percussion note is elicited all over the chest. On the right side in front the expiration is slightly prolonged and sighing, and there is a slight increase of vocal resonance.

*Urinary system.*—No pain in loins, bladder, or urethra. Frequency of micturition about normal, and no tenesmus complained of. There is fifty-two ounces of urine passed in the twenty-four hours; it is a pale straw colour, clear, with a slight deposit on standing. The reaction is acid; no albumen, sugar, or bile, with ordinary tests. Microscopically the deposit was found to be squamous and transitional epithelium. Specific gravity of urine, 1,020. The quantity of urea and chlorides was only observed on one occasion; the quantity of urea was  $7\frac{2}{3}$  grs. to the ounce; of chlorides, about two grains to the ounce.

*Reproductive system.*—She has had suppression of menses at intervals, and on these occasions has suffered from bleeding at the nose. She has no intermenstrual discharge, and no complaint is made of any subjective phenomena.

*Integumentary system.*—Slight acne on the face, probably of alcoholic origin.

*Mental condition.*—She is generally of a cheerful disposition, but is profoundly suspicious, and lies in a most deliberate manner. She has a delusion that electrical machines are attached to the bed, which at intervals give her shooting pains down the limbs. Her memory is bad. She is very cunning, and tells the most deliberate lies to lead those about her astray. She has occasional outbursts of anger, restlessness, and emotion. She has a craving for whisky. At the last

visit of her husband she slapped his face soundly, and appears to have taken a dislike to him, apparently without cause. At times she is obscene, both in manner and language, and even when on her best behaviour she unconsciously betrays the vulgar eccentricities peculiar to her class.

*October 12th, 1889.*—She is in bed, and unable to do anything for herself, owing to motor paralysis and ataxy in both arms and legs.

*October 14th.*—She says machines are applied to her which “pinch” and cause shooting pains down the limbs. Late on this day she had paroxysms of pain in the lower limbs.

*October 21st.*—She has been restless all night; this morning is craving for whisky.

*October 30th.*—On this date she asserted she had been in this institution about a week.

*November 15th.*—She still has a delusion that electricity is applied to her. She is taking food and resting better.

*December 15th.*—She now takes her food well; she is more settled, and sleeps well at night; she is beginning to use her hands in feeding herself. There is a marked improvement in her behaviour.

*December 31st.*—Her tongue is now clean and moist; her appetite good; she sleeps well at night, and is cheerful during the day; her behaviour is very much improved. She now has so far regained power and control over her limbs as to feed herself and get out of bed when necessary.

*March 4th, 1890.*—Since date of last note her mental condition has distinctly improved, and, so far as can be ascertained, her delusions have disappeared. Her bodily health is also better, and her muscular power has markedly increased in all her limbs.

*Remarks.*—The striking features of the case are the so-called “rheumatic pains” as the affection is slowly advancing; the exquisite pain on handling the muscles, and the extreme tenderness of the soles of the feet; the “pins and needles” sensation; the symmetry of the various phenomena; the abolition of the superficial reflexes; the atrophy and paralysis, marked in the flexors of the foot, producing the almost pathognomic dropped ankle described by Drummond; the loss of faradic irritability; the cunning, suspicious aspect; the loss of memory, and the craving for alcoholic stimulants; with the withdrawal of the alcohol, the slowly-returning motor power, and the undoubted increase in the bulk of the wasted muscles. The treatment has consisted in the absolute prohibition of alcohol, careful feeding, and attention to hygienic conditions. The improvement shows the good which comes, not infrequently, in seemingly hopeless cases of alcoholic neuritis when the poison can be absolutely forbidden.