

## CASE OF DOUBLE CHOKED DISC, DUE TO INTRACRANIAL TUMOR, WITH AUTOPSY.

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A YOUNG married lady, aged 23, was brought to me on June 30, 1888, with the following history: In August, 1887, ten months before, she had been delivered at full term of a healthy female child. There was nothing abnormal in the confinement, and she recovered rapidly. She was apparently in her usual health until February, 1888, when she had a miscarriage at the sixth week, and was seriously ill for a couple of weeks, complaining of a dull headache at the vertex. In the latter part of March or first of April, the headaches became somewhat more severe and more frequent, being located always at the vertex, but there were days when she did not complain of any pain in the head. During April there were occasional attacks of diplopia, of what nature it is impossible to say. During the last of May she complained at times of failing vision, and the headaches became more severe, but the diplopia disappeared, and did not again return. I first saw her on June 30th, and a careful examination gave the following results: V. =  $\frac{18}{8}$  — in each eye, with normal accommodation, and an ability to read Jaeger No. 1 at five inches. For 18 inches, Adduction, 26°, Abduction, 6°. For 18 feet, Adduction of 18°, Abduction of 4°. The media were perfectly clear. There was no peripheral limitation of the field of vision either for form or color in either eye, but there was an irregular negative central scotoma for all colors, within the limits of which the color sense for all colors was blunted, though there was no positive color-blindness. The refraction of both eyes towards the periphery was slightly hypermetropic. The ophthalmoscope showed a very marked exudative neuro-retinitis with hemorrhages in both eyes, perhaps the most pronounced type of "choked disc" which I have ever seen. The papillae were enormously swollen, and the infiltra-

tion extended into the retinae in all directions, as far as and involving the region of the macula. The refraction of the head of the disc was + D 12. The hemorrhages were of the most varied character; punctate, linear, flame-shaped, and serrated, and were scattered not only on the discs, but all over the fundus. The urine on examination proved normal in every respect, both chemically and microscopically. At this time the only symptoms pointing to the presence of intracranial disease were the lesion of the optic nerve and the headache at the vertex. There was no loss of power in upper or lower extremities and no loss of sensation anywhere in the body. The functions of the body were all properly performed, though the appetite was somewhat impaired. A diagnosis was made of intracranial tumor, probably sarcoma or gliosarcoma, at the base of the brain, and probably involving the region of the infundibulum, and possibly extending forward to the region of the optic chiasm. This the autopsy subsequently proved to be partly right and partly wrong. The patient was kept under constant observation, and was seen in consultation by several eminent gentlemen of New York and other cities during the next few months. All agreed in regarding the case as one of cerebral tumor, and all located the growth in very nearly the same position. One of the gentlemen consulted advanced the opinion that the growth was either tuberculous or a gummatous infiltration, but it seemed to me that the existence of a syphilitic growth might be entirely excluded. Vision remained practically unchanged until the latter part of July, when it began to diminish somewhat rapidly, and by September 25th there was no perception of light, and from this time till her death on May 5, 1889, there was total blindness. During the month of July a loss of memory began to manifest itself, and a partial loss of the sense of smell. By the latter part of August the mental faculties had become so impaired that her memory was practically gone, and she became incapable of any continued conversation. Early in July right hemianæsthesia appeared, beginning in the hand and arm and subsequently extending to the foot and leg, so that she was unable to walk without assistance. The anosmia became complete during the early autumn. The exudation into the optic nerves

and retinae became more and more marked at each examination, and the hemorrhages into the retinae recurred again and again. The patches of yellow exudation in the region of the macula strongly resembled those met with in retinitis albuminurica, though without the stellate arrangement. The urine was carefully examined every week, but never showed a trace of either albumen or casts. The headaches were at no time very severe and gradually ceased towards the end of September, 1888. The evidences of dementia, however, gradually increased, and for a period of about three months previous to her death the dementia was practically complete.

*Autopsy, May 6, 1889.* The calvarium was not adherent, and the diploë was normal. The dura mater was normal and not especially tense. The convolutions on top were flattened and dry, the flattening being more marked in the frontal lobes. When the infundibulum was cut, a strong stream of cerebrospinal fluid escaped with force, like a stream of blood from a divided artery. On the basal aspect of the brain, the olfactory bulbs were entirely gone, and the olfactory nerves were thin, flattened, and reduced to the neurilemma. The frontal edge and basal surface of the optic chiasm were apparently normal. The chiasm was bounded caudad by the enlarged and fluctuating infundibulum or base of the third ventricle. The third nerves were normal. The left fifth nerve was torn off. The right fifth nerve was unusually far back, and at a very abnormal distance from the median line. The sixth nerves were normal. The pyramids were flattened. The pons was normal. The arteries at the base of the brain were normal. In the intrapeduncular space there was a bladder-like distension of arachnoid,  $20 \times 10$  millimetres, filled with fluid coming from the ventricle. The convolutions at the base of the hemispheres and in the cerebellum were normal. The fissure of Sylvius was normal. The foramen of Munro was enormous. On lifting the corpus callosum and fornix, and exposing the third ventricle and basal ganglia, a tumor was revealed, involving the corpora quadrigemina, extending caudad to the anterior crura of the cerebellum; the larger part, nodulated, 30 millimeters across in both directions, and extending into the left hemisphere, and involving

the thalamus and internal capsule. The prolongation of the growth extended caudad from the thalamus towards the left occipital gyri for a distance of 15 millimeters. The anterior corpora quadrigemina were like bulbous projections dislocated forwards. The ventricles were enormously distended. The corpora striata were normal. There was no evidence of growth in the right thalamus. The tumor appeared to be a gliosarcoma involving the region of the pineal gland, and invading the left thalamus and posterior division of the left internal capsule.

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### SPASTIC TORTICOLLIS, APPARENTLY DUE TO FAULTY POSITION OF THE EYES, AND CURED BY TENOTOMY.

By DR. O. F. WADSWORTH,

BOSTON.

CARL F., a bright, intelligent boy, nearly 14 years old, of good size, and with well-shaped head, was brought to me June 5, 1887, because of a deformity which was said to have commenced in infancy and to have been becoming more pronounced up to that time. On the supposition that he had wry-neck and lateral spinal curvature he had been first taken to Dr. E. H. Bradford. Dr. Bradford found no permanent contraction of the muscles of the neck, and that, while there was a well-marked convexity of the spine toward the left, the vertebræ were apparently normal. He also observed that the eyes were not directed properly, and advised that the boy be taken to me.

The brief history of the case, obtained mainly from the boy's father, was as follows: In early infancy it was noticed that the boy's eyes were "wild," and that the left eye rolled up; at least as early as when he began to walk the head was held tipped to the right, and as he grew older the right shoulder dropped. Of late years the eyes had not been so "wild," but appeared more so when he was excited. He had never had double vision. The tipping of the head and dropping of the shoulder had grad-