

TERTIARY SYPHILIS—CEREBRAL, LARYNGEAL AND RECTAL.

Dr. OSLER exhibited the specimens, and Dr. GEORGE ROSS read the following history :

L. R.—Æt 36, brought to hospital November 25th, 1883, in following condition : Almost complete paralysis of left arm, legs and right side of face, eyes fixed and staring, deviating to right; pupils moderately contracted; eyeballs prominent; no reflex on touching *left* cornea; both upper eyelids droop slightly, control over both bladder and rectum; tongue protruded to left side; when, with difficulty roused, answers questions rationally in whispered voice. (Sensation to pain, though dulled, is present in all extremities. No numbness or wasting of muscles.) Plantar reflex present in left leg, absent in right; can draw left leg up when asked to do so; offers very slight resistance to flexion and extension of left arm, but when raised and let fall it is quite lifeless; complains of pain in right occipital region of head. Temperature $97\frac{1}{2}$ °F; pulse 50, regular; respiration regular, 16; urine contains no albumen, no casts; lungs and heart normal.

Patient has been under treatment for syphilitic affections of larynx, eyes and neurosis of palate and (super max bones). Had severe headache during whole summer.

History.—Went to bed in usual health on Friday night, 16th inst., four days before admission. Aroused her husband in the night, acted strangely and threw things at him.

On Saturday morning, 17th, acted rationally and had no complaints. Husband noticed she had something the matter with arm (left) in afternoon. On Sunday morning the paralysis was as complete as on admission; fell out of bed, and had to be lifted in.

(Lungs and heart normal; liver, dulness, normal).

Nov. 24th. Bowels not moved, given enema, quantity of matter (pus and stringy mucus) coming away. More inclined to sleep and breathing heavier; no reflex from right cornea to-day.

28th. Better; slight internal strabismus of right eye; speaks fairly well, considering that a hole, size of a quarter dollar, in roof of mouth.

Dec. 4th. Quantity of matter constantly coming from rectum for last few days. Digital examination shows a firm stricture, admitting barely index finger about one inch from sphincter, completely

around bowels. Has hard dry laryngeal cough. Reflex excitability now present in left eye, absent in right.

5th. Right eye much inflamed and a large corneal ulcer has formed.

6th. Patient more dull; considerable stridor in breathing. Examined by Dr. Major—Paralysis of adductors of right side and general stenosis as a result of it.

She gradually sank, and died on the 8th.

The brain presented extensive syphilitic disease at the base and in the right Sylvian fissure. The right temporo-sphenoidal lobe was firmly adherent in the middle fossa, and both dura and pia mater thickened and adherent. The fifth nerve, just as it entered the Gasserian ganglion, was involved in a mass of gummatous tissue, growing beneath, and attached to the margin of the tentorium. The nerve, for a quarter of an inch was swollen, and the fibres separated. The right optic nerve, close to the commissure, was surrounded by recent infiltration, and was inflamed and swollen to nearly double the size of the left nerve. The right sixth appeared involved, but the third was free. The right temporal and orbital convolutions were firmly united together by thickened and infiltrated tissue. The right middle cerebral was small, and a few lines from its origin passed directly into a gumous mass which surrounded it for nearly half an inch. The membranes in the fissure beyond this were free, and the arteries small and full of white and red thrombi. The vessel in the gumma was quite occluded. The anterior cerebral artery contained a tolerably firm clot. The other vessels and the rest of the base looked normal. There was red softening of the convolution and parts supplied by the middle cerebral, particularly of the island and the ascending convolutions. Both nuclei of the corpus striatum were softened. The right optic disk was slightly swollen, but the intense neuritis evident near the commissure did not extend the whole length of the nerve.

There was extensive destruction of hard and soft parts of the palate, and ulceration of upper part of pharynx, and in the nose. The larynx presented advanced syphilitic disease: ulceration of both cords—most of the left. The greater part of the thyroid cartilage was neurotic, broken into three or four segments, and surrounded with sloughing tissue. There was suppuration beneath the sterno-thyroid and thyro-hyoid muscles.