SYPHILITIC AFFECTIONS OF THE NERVOUS SYSTEM.

*An Abstract of the Lettsomian Lectures delivered before the Medical Society of London.*By J. S. BRISTOWE, M.D., LL.D., F.R.C.P., F.R.S.,
Consulting Physician to St. Thomas's Hospital.

LECTURE II.

SYPHILITIC ARTERITIS AND PHLEBITIS: GUMMATA.

ARTERIAL DISEASE (*continued*).

DR. BRISTOWE commenced his second lecture by relating two cases of syphilitic disease of the arteries of the brain. In one, a man aged 33, the symptoms resembled those of general paralysis of the insane; in the other, a woman aged 46, the main symptoms were those of chronic dementia. This second case, which had been under the care of Mr. Bell-Irving, presented symptoms which pointed to softening or tumour of the pons; there was relative weakness of the right arm and leg, and conjugate deviation of the eyes to the same side; subsequently definite paralysis occurred on the other side, and it was assumed that the lesion had spread laterally. The necropsy, however, showed areas of softening at the surface of both hemispheres, and of the upper part of the cerebellum on the left side. It was not difficult to understand, the lecturer observed, how extensive lesions of the surface of the brain and lesions limited to the pons might be attended by symptoms strikingly similar. The cases quoted, he continued, showed that syphilitic arterial disease might come on at any time after the generalisation of the syphilitic virus, in cases of inherited syphilis as well as in those in which the disease had been acquired, and independently of age or sex. It was generally accepted that if a cerebral artery became obstructed the area supplied by it underwent softening, might become the seat of hæmorrhage, and, unless a very small area, was never reinstated. To this rule there were exceptions, a remarkable instance of which was the case of extensive obliteration of both common carotids and the basilar without softening, quoted in the first lecture. Some patients recovered also from the effects of embolic obstruction of cerebral arteries. Further, softening occurred, not infrequently, in regions the arterial service of which appeared to be sound. It was probable that the nutritive lesions were determined less by disease of the larger vessels than by disease of the smaller vessels leading to and ramifying in the affected districts. Such disease had in fact been observed.

SYPHILITIC DISEASE OF VEINS.

Very little attention had been given to syphilitic disease of veins. Mr. Hutchinson had given a short account of periphlebitis as a consequence of syphilis, and the lecturer had met with a few instances of this affection. The cerebral venous sinuses were often involved in the progress of gummata of the dura mater, and he subsequently related a case in which the cavernous sinus was involved in the syphilitic lesion and occluded.

GUMMATOUS DISEASE.

Gummata, which might vary in size from a pin's head to a pigeon's egg, developed mainly in connection with the dura mater or other membranes of the brain, and might become embedded in the brain substance, spread along, and involve the nerves and implicate the venous sinuses and arteries; in their origin and progress they were apt to be associated with an ordinary inflammatory process accompanied by exudation extending around them, causing thickening and adhesions of membranes and infiltration of neighbouring nervous tissues. The nature of this inflammatory process was discussed, and the conclusion reached was that it was most probably specific.

Seven interesting cases were then narrated at length, and it was pointed out that they afforded examples of the varying duration of the disease, which might be very fairly rapid or distinctly chronic. They illustrated also the difficulties

which might be encountered in diagnosis. One case, that of a married woman, aged 49, was a particularly good example of this. She had been deaf for seven years, but the first symptom of her fatal illness was difficulty in swallowing in March, 1884. In June she became an out-patient under Dr. Semon, who found that she had paralysis of the abductors of the left vocal cord. The most probable diagnosis at this time was intrathoracic disease, but in July she became unable to open her left eye, and within the next three weeks the area of involvement of the cranial nerves rapidly extended, so that at the end of this period there was complete left ptosis, left internal squint, corneal nebulae, impairment of sensation over the area of distribution of the left fifth nerve, weakness of the left temporal and masseter muscles, with displacement of the chin to the left when the mouth was opened widely, impairment of smell in the left nostril and of taste in the left half of the tongue, paralysis, mainly of the abductors, of the left vocal cord, hoarse voice, difficulty in swallowing, giddiness, and pain at the vertex and on the left side of the face. Later, paralysis of the left half of the soft palate, aræ-thesia of the left half of the tongue, mouth, and fauces, and impairment of the sensibility of the epiglottis and larynx, mainly on the left side, were noted. She improved in her health and the pain and dysphagia disappeared under treatment, and she left the hospital at the end of September. In November she had three fits, after which she was weak and ill and could not walk. On December 9th she had another fit, and was readmitted. She was sallow, weak, and unable to stand; the symptoms referable to cranial nerves had the same distribution as in September, but were rather more intense. She grew gradually more apathetic and weaker, and died of exhaustion on January 31st, 1885. *Post mortem* great thickening of the dura mater in the middle fossæ, sella turcica, and over the basilar process was found, and on the left side the bone was eroded. The third, fourth, fifth, and sixth nerves were embedded in the thickened material, but the process was more advanced on the left side, on which the above-mentioned nerves could be followed and recognised only with great difficulty. The vagus, glosso-pharyngeal, and spinal accessory at the junction with the vagus were embedded in a firm fibrous material on the left side, and to a less degree on the right. The left cavernous sinus could not be traced. The pia mater, vessels, and substance of the brain and cord were healthy. Special attention was drawn to the fact that in this case paralysis of the left side of the soft palate was associated with paralysis of the motor nerve of the larynx on the same side, and was wholly independent of lingual or facial paralysis, implying, what had of late years been proved experimentally, that the motor nerve of the soft palate as well as that of the intrinsic muscles of the larynx were derived from the same source.

REQUESTS TO HOSPITALS—The following are among the list of charitable bequests made by the will of the Rev. James Spurrell, who died on July 26th, 1892, and whose will was proved on September 27th, 1892, the personalty being sworn under £580,011 17s. 10d.: The Sussex County Hospital, Brighton, £30,000; the Asylum for Idiots, Earlswood, Surrey, £5,000; Brompton Hospital for Consumptive Patients, Brompton, London, £4,000; Royal Hospital for Incurables, Putney Heath, £4,000; Brighton, Hove, and Preston Dispensary, 102, Queen's Road, Brighton, £2,000. The legacy of £25,000 (the moiety of the £50,000 bequeathed to the Missionary Society) intended to be employed solely for purposes connected with missions to China, as well as the legacy of £30,000 to the Sussex County Hospital, are to be reduced, if necessary, for the payment in full of all other legacies. Of his residuary estate the deceased bequeathed $\frac{1}{4}$ ths to the London Hospital, $\frac{1}{4}$ ths to the London City Mission, and $\frac{1}{4}$ ths to the Royal Alexander Hospital for Sick Children, Brighton.

FEMALE STUDENTS IN SWITZERLAND.—Of a total of 2,531 students in the universities of Switzerland, 242 are women. Of these, only 23 are natives of Switzerland. Of the remainder, 149 are Russian, 23 German, 10 Bulgarian, 7 American (United States), 5 English, and 5 Servian. South America, Africa, and Australia supply 1 each. Zürich is graced by the presence of 58 of these foreign ladies, Berne has 69, Geneva 87, and Lausanne 5.