Short Notes and Clinical Cases.

POST-MENINGITIC BLINDNESS, DEAFNESS, HYPOGENITALISM AND HYPOPITUITARISM.*

BY WALTER M. KRAUS AND S. BERNARD WORTIS, NEW YORK.

The sequelae of meningitis and encephalitis in this case form a combination, record of which has not been found. It seems certain that the entire picture is not due to a lesion located in one part of the brain, but to disseminated lesions. The hypopituitarism and hypogenitalism are probably dependent upon a single lesion.

The onset was at the age of six, after a severe attack of whooping-cough. Acquired syphilis is thus ruled out. Congenital syphilis probably played no part, though the patient's mother had several miscarriages and died of dropsy at forty-one. The father's Wassermann reaction is negative.

A sister had the same infection, whooping-cough, at the same time as the patient, and developed blindness, deafness, and diabetes mellitus. She died at the age of twenty-four of the last named disease. The close resemblance to the patient's syndrome is interesting. Whether a congenital defect occurred in both, which determined the location of the infection, is to be considered.

Case Report: G. R., age 28 years, single, native of the United States, was first admitted to Bellevue Hospital, April 13, 1927, and discharged April 30, 1927. He was re-admitted February 7, 1928 and discharged May 21, 1928.

Family History: Parents married in 1895. Father was twenty-one years of age at time of marriage, mother eighteen. Mother had one sister and two brothers, all well. Father had four sisters and four brothers, all healthy.


Three children were born of the marriage. The eldest, a girl, died at the age of twenty-four of diabetes mellitus. She became blind at the age of ten. She was also deaf, but had no speech defect and no convulsions. The second child is the patient; the third child died at the age of six months of marasmus. There were also three miscarriages. The first occurred four months after marriage, spontaneous after strain. The second was spontaneous and occurred after a three months' pregnancy. The third occurred five years after the last child was born, and was induced. The parents deny venereal disease. The patient's mother had fainting spells after marriage. She died of dropsy in 1918.

Previous History: Patient was born February 11, 1899. Normal delivery. He weighed ten pounds at birth. He was well until the age of six, when he had pneumonia, whooping-cough, and 'meningitis of the brain,' all at the same time. He was in bed for one month.

* From the Neurological Division, Bellevue Hospital, Service of Dr. Foster Kennedy, New York.
From that time on he gradually lost his sight. It was almost entirely gone by 1916. Hearing was diminished progressively, but slowly from the age of fourteen until now. He had pneumonia and pleurisy in 1916. No sexual development or desire. No fits.

He attended the New York Institute for the Deaf and graduated three years ago.


Neurological Examination: Cranial Nerves: I, not tested. II: Almost blind. Can only recognize light and darkness. Fundi show threadlike pigmented strands on a yellowish background.

Note made on first admission, April 22, 1927. Posterior capsular cataract, 'salt and pepper.' Fundi changes with optic atrophy and marked narrowing of the blood vessels. The changes are those following a generalized chorio-retinitis. It simulates a retinitis pigmentosa, but the cataracts and central changes in the retina of the left eye particularly do not belong in this category. Etiology, probably luetic.

III, IV, VI: Pupils react to light and are equal and regular.

V: negative. VII: negative. VIII: Patient had otitis media at the age of fourteen, with resulting deafness in the left ear. Partially deaf in the right ear. IX, X, XI: normal. XII: normal.

Reflexes: normal. No Babinski response or clonus. Movement and coordination, normal.

Mental Status: The patient is dull mentally, but stable. He can use a typewriter and play the piano.

Laboratory findings: Blood Wassermann, negative.

Spinal Fluid: Clear, pressure normal, 8 lymphocytes; globulin plus; colloidal gold 544311000. Wassermann negative.

Basal Metabolism: Plus 1 per cent., plus 3 per cent. Height 62-3 inches, or 158 cm. Weight: 134 lbs., or 61 kg.


Skull: No evidence of increased intracranial pressure. Bones of the vault are quite thick. Sella turcica is normal with somewhat exaggerated clinoid processes. No calcifie deposits. Optic foramina are irregular, maximum diameter 42 mm. Contour is normal.

Urine is negative.

Blood Chemistry: N. P. N. 30. Sugar 105. W. B. C. 8,200; polymorphs, 70 per cent.; lymphocytes, 30 per cent. R. B. C. 4,600,000. Hb. 84 per cent. Temperature, pulse and respiration normal throughout.

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3 Textbook of Medicine, edited by Russell Cecil, 1927.
4 Nelson’s Looseleaf Living Medicine, New York, 1920.
5 The Oxford Medicine, edited by Henry A Christian. Oxford University Press, N.Y.
Showing small genitalia, striae on abdomen, and scanty pubic hair with female distribution.

Lateral view of patient showing kyphosis of spine.

Posterior view of patient.

Anterior view of patient.
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Walter M. Kraus and S. Bernard Wortis

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