CASE REPORTS

A CASE OF TABES ASSOCIATED WITH
FROHLICH’S SYNDROME*

Calcutta

Neuro-syphilis is regarded as a rare condition in India; and congenital tabes is considered to be still more rare. The case reported here presents symptoms of congenital tabes, a certain amount of dementia, and what is remarkable a mild degree of Frohlich's syndrome. The combination of congenital tabes with Frohlichism is very unusual. Hence this case is reported.

REPORT OF A CASE

The patient L. M., a Bengali Mahomedan, aged 14, came to the Out-patients’ Department, Mayo Hospital, Calcutta, complaining of loss of vision in both eyes, which came on gradually during the last one year and ten months. He was diagnosed as pituitary or some other intracranial tumor, syphilitic optic atrophy and so on. For complete investigation he was admitted to the Hospital on 2-7-37.

History:—The history of the case was important in more than one way. He was one of sixteen children. There was definite history of one abortion; 5 other children died within 2 years of their life of bronchopneumonia, diarrhoea and other diseases. None of these dead children had eruptions on the body. The father admitted having suffered from both gonorrhoea and syphilis.

The individual history was also very important. He was a breech presentation—his mother was in pain for 24 hours and the child was delivered without forceps but was blue when born. At 2nd month he was ill for a week with 16–18 stools per day. At 6th month he had convulsions (father said every hour) and very high temperature. He recovered from fever and convulsions in 3 days. Between the second and fifth year he developed nystagmus, and had double vision (he saw two, and when picking a coin from the floor he used to place his finger on an imaginary coin). He had also some blurring of vision, and used to hold things very close to his eyes. At 5th year—he started reading. He used to see better in shade than in light. At this time he exhibited movement of head from side to side. This remained for 8–10 months and then disappeared. Nystagmus persisted until the twelfth year. At 12th year—his iris showed patchy opacities (interstitial

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keratitis) mostly in the left eye and to a small extent in the right. He now developed twinkling of the eye-lids. Nystagmus disappeared temporarily. His mental condition was apparently perfect until now. He attended school at the usual age, but was not pressed for his study on account of his eye condition. He went to school occasionally and finally left it for his eye troubles. He now refused eating and talking. Later, at about 22nd month before his admission to the hospital he began to complain of gradually failing vision. On his admission he was blind in both eyes.

About this time he also suffered from fever off and on for 6 months, with enlargement of the liver and spleen. This was diagnosed as malarial fever and was treated with quinine by mouth. No injection of any kind was given.

He was noticed to accumulate fat from 4 years of age. From 8 years of age he was observed to have frequency of micturition. His father reported that he passed small quantities of urine at frequent intervals. He sometimes had incontinence of urine, but never of feces.

General Appearance:—He had a well-nourished body with a short neck and large amount of fat in the breasts and pubic region. He was aged fourteen years—had yet no hairs on the face nor in the axillae, but had very short, scanty pubic hairs. Both the testes were descended in the scrotum, but appeared smaller. No glands were palpable. Temperature remained normal throughout his stay in the hospital except from 24th—29th July, 1937. During this period the temperature rose to 103°F. suddenly on the 24th and then fell by lysis to normal on the 29th.

Examination:—He had good appetite and was not constipated. Liver was just palpable, spleen not palpable. Heart was normal in all respects. The blood pressure was variable, a little high for his age on admission, but was rather low just before discharge.

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<th>Date</th>
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<td>6-7-37</td>
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Lungs:—Normal.

Nervous system:—Eye: He had complete loss of vision of both eyes. He could not perceive fingers, but could just perceive light. Pupils were equal and dilated. He had bilateral ptosis; horizontal nystagmus was present in both eyes. Retinoscopic examination showed bilateral primary optic atrophy. Hearing was normal. Other cranial nerves were normal.


Visceral reflexes—no incontinence of urine or feces during his stay in the hospital.

Sensation—He did not complain of any lightning pains. On account of his mental state he did not answer questions properly; and no correct record of his sensation was possible. Ataxia—He had slight degree of ataxia. He fell when he stood with his feet together. He walked rather with ease but with a broader base. Even with loss of vision he used to go to the bathroom without help. His postural sense was thus not materially affected.