DR. LEON H. CORNWALL 40 EAST 61st STREET NEW YORK

TEL. REGENT 4760

March 20th, 1929

My dear Pen:-

Mrs. Madeline Ottmann was referred to me last December by Dr. Geyelin. She gave a history of six convulsive seizures in childhood, the last one occurring at the age of twenty years. From that time until her menopause, she was free from these attacks. They then occurred at night and were associated with biting of cheek tongue and followed by prostration the next day.

Last December she had her first diurnal attack. This was accompanied by loss of consciousness.

My neurological examination disclosed no positive neurological findings except a hypersusceptibility to skin stimulation and bilateral Hoffmann reflex.

Examination of spinal fluid revealed:

Color Crystal clear Pressure Initial 10 mm Hg 20 " " " Straining 10 " " Relaxation 4 11 11 Removal 10 cc Cells None Globulin Negative Total protein 26 mgm Sugar 100 mgm Wassermann ++++ in 2 cc, +++ in 1 cc with alcoholic antigen Colloidal Gold 1123210000

Blood Wasserman and Kahn reactions were negative.

On the basis of the serological report, from the Presbyterian Hospital, I instituted a course of intra-venous injections of silver-arsphenamine 0.2 gm. The third injection was followed by a slight reaction, characterized by nausea, fullness in head, swelling of face and hands. Following that, I gave her three more injections of silver-arsphenamine 0.1 gm in combination with sodium thiosulphate 0.5 gm. After the third of these injections she again had a moderate reaction so that I reduced the dose of silver-arsphenamine to .05 gm and combined it on each occasion with 0.5 gm of sodium thiosulphate. She apparently has been improved under this therapy but, if by any chance it is continued while she is in Montreal, extreme caution should be exercised in the use of any arsenical preparation.

I had contemplated a re-examination of the spinal fluid but that has not yet been feasible owing to the condition of her son.

I must confess that the serological result was not in accordance with my expectation, but I accepted the report as rendered and acted accordingly without giving any indication to Mrs. Ottmann as to the nature of the spinal fluid finding.

I might say that the urinalyses and the blood chemistry disclosed nothing abnormal.

Stereoscopic films of the skull disclosed a shadow in the midline, mid parietal region about 2 cm from the inner table of the skull. This was triangular in shape with the apex pointing laterally. The interpretation of Dr. Golden was that this represented calcification in the falx and I was in accord with his view.

I am writing this at the request of Mrs. Ottmann. She is acquainted with the ketogenic diet, because her son has tried it at the recommendation of Dr. Geyelin. From his records, however, I am not able to find that she has ever given the diet a thorough trial herself, because she feels that she is unable to follow it.

In case she decides to take any therapy while in Montreal with her son, may I emphasize again that she has a very delicate sympathetic nervous system and that she reacts very promptly to arsenic.

With many kind regards and my wishes that you will meet with success in your treatment of her son, I am

Yours very sincerely,

L. H. Cornwall

Prof. Wilder A. Penfield, 431 Pine Avenue, West, Montreal, Canada.

LHC:HW