Henry Wharton, on the subject of the loss of limbs. I mentioned the singular phenomena connected with this injury and spoke of a man who had lost both legs and both arms in the fight at Mobile Bay . . . After he left, I began to amuse myself by writing the history of such a person . . . I lent the manuscript to my friend, Mrs. Caspar Wister, who gave it to her father, the Rev. Dr. William Henry Furness. Then I forgot all about it. I was a busy practicing doctor, and it had been but the amusement of one or two evenings. Dr. Furness sent it to the Rev. Edward Everett Hale, then editor of the *Atlantic*, and to my surprise and amusement I received a check, I think about eighty dollars, and the proof of my story.

"It attracted immense attention. So real did it appear that subscriptions were made for the unfortunate man, directed to what was known as the Stump Hospital in Philadelphia. For a long while no one knew who had written this marvelous history!"³

Mark P. Goldberg, MD
Stanford, CA

Reply from the Author: It pleased me greatly that Dr. Goldberg researched the career of S. Weir Mitchell (S.W.M.) and I would hope that more neurology residents and fellows would become familiar with S.W.M.'s contributions which, for the most part, have stood the test of time.

I, too, read Anna Robeson Burr's *Weir Mitchell: His Life and Letters*,³ and I am acquainted with the passages cited about the anonymity of his story, "The Case of George Dedlow."² I am grateful for Dr. Goldberg's reference to it.

Although S.W.M. wrote rather convincingly that he was unaware of the anonymous publication in *The Atlantic Monthly* of 1866, I confess that I could not wholly accept his statement, "to my surprise and amusement I received a check . . . and the proof of my story." It seemed unusual for an editor, particularly for *The Atlantic Monthly*, to publish a story anonymously without asking permission or giving the author the option of signing the story. And so there still remains no clue, only my speculation, as to why he wanted the story to be anonymous or why, after receiving the proof, he did not give it his name.

Unfortunately, space did not allow the inclusion of this portion of his autobiography as well as a statement later on where he wrote, "Feeling that I could not be injured by literary success and trusting the good sense of the American people to know whether I was any the less a good doctor . . ." S.W.M.'s next report on phantom limbs was published in 1871,⁴ 5 years later, once again in a lay periodical and 1 year before it appeared for the first time in a medical publication.⁵ Was he still testing the water for public acceptance both as a physician and as a writer of literature? I speculate once again.

Morton Nathanson, MD
New Hyde Park, NY

References

1. Nathanson M. Phantom limbs as reported by S. Weir Mitchell. *Neurology* 1988;38:504-505.
2. Anonymous. The case of George Dedlow. *The Atlantic Monthly*. Boston: Ticknor and Fields. July 1866;18(105):1-11.
3. Mitchell SW. Autobiography (unpublished), quoted in Burr AR. Weir Mitchell: his life and letters. New York: Duffield & Co, 1929:125-126.
4. Mitchell SW. Phantom limbs. *Philadelphia: The Lippincott Magazine*, Dec. 1871;8:563-569.
5. Mitchell SW. Injuries of nerves and their consequences. Reproduction, unaltered, of original by J.P. Lippincott, 1872. New York: Dover Publications, 1965:342-368.

Inverted vision in MS

To the Editor: I was interested to read the report of Steiner et al¹ reporting inversion of visual images with a transient vertebrobasilar ischemic attack. I would like to mention a patient we saw last year with an acute exacerbation of multiple sclerosis who experienced inversion of visual images through a plane of 150°.

The patient had a neurologic examination which was remarkable for bilateral optic pallor, a left Marcus Gunn pupil, dysmetria of the left arm and leg, left-sided hypesthesia, and bilateral Babinski responses. Her MRI showed periventricular plaques, but no brainstem lesions were seen. Brainstem evoked potentials were also performed and were normal. Visual evoked potentials demonstrated an abnormal delay in the right eye (134 msec).

The patient was admitted to the hospital and treated with ACTH. The symptoms of visual inversion resolved after approximately 2 weeks. I am not aware of a report of a similar oblique tilt in acute multiple sclerosis.

Arthur M. Seigel, MD
New Haven, CT

Reply from the Author: We have read with interest the description of visual inversion in a multiple sclerosis patient. In this case, as in most other examples, the anatomic pathology responsible for this abnormality is unknown. Since no brainstem pathology was observed on MRI, it would be important to note whether the visual symptomatology was associated with any other new complaints and findings, and if the disappearance of her visual complaints was accompanied by any change in her neurologic status or MRI findings. Otherwise, this observation may add another cause to the list of conditions associated with inversion of egocentric localization.

Israel Steiner, MD
Jerusalem, Israel

Reference

1. Steiner I, Shahin R, Melamed E. Acute "upside down" reversal of vision in transient vertebrobasilar ischemia. *Neurology* 1987;37:1685-1686. ■

Correction

There was a transposition error in the article entitled, "Thalamic infarcts: Clinical syndromes, etiology, and prognosis," by Julien Bogousslavsky, Franco Regli, and Antoine Uske, in the June issue of *Neurology*, (1988;38:837-848). The legend to figure 1B should read:

(B) Templates through the thalamus depicting infarcts in four arterial territories: a = inferolateral; b = tuberothalamic; c and d = paramedian; and e and f = posterior choroidal.

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Correction

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This information is current as of August 1, 1988

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