of the Landouzy-Dejerine type of muscular dystrophy. Dr. Spiller said that he reported a case of muscular dystrophy which began in the peripheral parts of the limbs. A few other cases are on record in which the atrophy commenced in that way.

Dr. J. W. McConnell said that the patient under discussion reminded him of a case at present in Blockley. The man had an acute poliomyelitis in early youth and at present time exhibits symptoms of chronic myelitis, both upper and lower extremities being paralyzed.

Dr. Alfred Gordon said he had exhibited two or three years ago, a case before the Neurological Society, a boy seventeen or eighteen years old, who had acute poliomyelitis in childhood. At the time Dr. Gordon examined the patient he presented about the same symptoms as this man, except the eyelids were not involved to the same extent as in this case. The reflexes were exaggerated. It was evidently a case of amyotrophic lateral sclerosis. Possibly this is too.

A CASE OF BULBAR PALSY WITH COMPLETE MUTISM.

By Alfred Gordon, M.D.

A woman of 40 had an attack during which the tongue protruded suddenly and was caught between the teeth. The jaws were closed so tightly that the protruded portion of the tongue bled. For 24 hours the jaws could not be separated. Gradual relaxation took place. Since then the following symptoms developed: Inability to swallow, to move the tongue, to masticate; difficulty of breathing, loss of speech and aphonia. Some improvement followed. At present there is absolute mutism, right facial palsy, atrophy of the tongue, also R.D. and fibrillary twitchings of the latter, palsy of the uvula, some difficulty of swallowing and of mastication, atrophy of the lips and R.D. of the muscles of the right side of the face; partial paralysis of the epiglottis, engorgement of the vocal cords.

After discussing the differential diagnosis, Dr. Gordon arrived at the conclusion that it was a case of acute bulbar palsy with unusual symptoms. Complete mutism cannot be explained.

Dr. Wharton Sinkler said he thought the case one of bulbar palsy. The condition of the lips, tongue, fibrillary tremor, atrophy, all point to that condition. The sudden onset is sometimes seen and is then due to hemorrhage in the bulb. Probably that was the origin in this case referred to.

Dr. Gordon asked Dr. Sinkler whether there could be complete absence of speech.

Dr. Sinkler replied that he had seen one case, a fatal case, in which there was complete absence of speech. The patient was not aphasic, because he made signs for a pencil and wrote what he wished to say, but he could not be induced to say or repeat a word.

Dr. Spiller agreed in the diagnosis of acute bulbar palsy. He referred to a case recently published, in which pseudo-bulbar palsy occurred without any implication of the limbs, but he did not regard Dr. Gordon's case as one of that type. Reactions of degeneration in the face and tongue were contrary to such a diagnosis.