Abstracts of British and Foreign Journals.

Neurological Contributions from St. Bartholomew's Hospital Reports, 1874-1884:—

1874.

1. On the Clinical Value of Expression in the Insane. By T. CLAYE SHAW, M.D.

1875.

2. On Laryngismus. By SAMUEL GEE, M.D.
3. On Incontrollable Impulse. By T. CLAYE SHAW, M.D.
4. A Case of Idiopathic Tetanus resulting in Cure. By GEORGE HASTINGS.

1876.

5. On Phrenitis Æstiva. By SAMUEL GEE, M.D.
6. A Contribution to our Knowledge of the Physics of the Cerebral Cortex. By W. AINSLEE HOLLIS, M.D.
7. The Histology of Certain Forms of Degeneration of the Tissues of the Nerve Centres. By W. HENRY KESTEVEN.
8. Epidemic Cerebro-spinal Meningitis. By NEVILLE HART, M.B.

1877.

9. Further Histological Researches on the Pathology of the Nervous System. By W. HENRY KESTEVEN.
10. The Structure and Functions of the Olivary Bodies. By W. HENRY KESTEVEN.
11. On Spastic Paraplegia. By SAMUEL GEE, M.D.
12. A Case of great enlargement of the Pons, Crura Cerebris, and Medulla. By PERCY KIDD.
13. A Case of Spasmodic Muscular Rigidity with Idiocy. By JOHN ABERCROMBIE, M.B.

1878.

14. On the Cervical Opisthotonus of Infants. By SAMUEL GEE, M.D., and THOMAS BARLOW, M.D.
15. A Case of Paraplegia with Sacral Decubitus. By SAMUEL WEST, M.B.
16. Cases of Disease of the Spinal Cord. By J. A. ORMEROD, M.B.

1879.

17. A Case of Sclerosis of the Cerebral Cortex, with two other examples of Cerebral Disease in Children. By NORMAN MOORE, M.D.
18. A Case of Cancerous Tumor of the Neck, simulating Myelitis. By J. A. ORMEROD, M.B.
19. An unusual Cause of Hemiplegia. By W. E. STEAVENSON, M.B.

1880.

20. On some Intestinal Lesions in the Insane. By T. CLAYE SHAW, M.D.
21. Diseases of the Nervous System. By SAMUEL GEE, M.D.
22. Some Cases of Intra-cranial Syphilis. By J. A. ORMEROD, M.B.
23. Case of Hystero-Epilepsy, with Hemianæsthesia and Chorea. By WALTER H. JESSOP.
24. Notes of Post-mortem Examinations of Cases of Hæmorrhage within the Cranium. By NORMAN MOORE, M.D.

1881.

25. Diagnostic Symptoms of Tabes Dorsalis, with Cases. By J. A. ORMEROD, M.B.
26. Tendon Reflexes in the later stage of Hemiplegia. By J. A. ORMEROD, M.B.
27. Acute and Chronic Insanity. By T. CLAYE SHAW, M.D.
28. A Case of Pseudo-hypertrophic Muscular Paralysis in an Adult. By PERCY KIDD, M.B.
29. Two Cases of Subacute Anterior Spinal Paralysis, with the Pathological Changes in the Spinal Cord of one of the Cases. By CHARLES A. MORTON.
30. Two Cases of Cerebral Disease. By SAMUEL GEE, M.D.

1882.

31. A Case of Lesion of the Sympathetic Nerve in the Neck. By SAMUEL GEE, M.D., and JOHN ABERCROMBIE, M.D.
32. Two Cases of Hemiatrophia Facialis. By WALTER JESSOP, M.B., and OSWALD BROWNE, M.B.
33. Clinical Cases from Dr. Gee's Wards. By OSWALD BROWNE, M.B., and D'ARCY POWER, M.B.

1883.

34. On Criminal Responsibility in the Insane. By T. CLAYE SHAW, M.D.

35. On a Peculiar Numbness and Paresis of the Hands. By J. A. ORMEROD, M.D.
36. Five Cases of Tetanus, with some Remarks on its Pathology. By ANTHONY A. BOWLBY.
37. On Trephining the Skull in Traumatic Epilepsy. By W. J. WALSHAM.
38. Cases of Ocular Motor Paralysis. By W. J. COLLINS, M.D.
39. On the Pathology and Treatment of some forms of Headache. By J. LAUDER-BRUNTON, M.D., F.R.S.
40. On a Case of Amyotrophic Lateral Sclerosis, with Microscopical Examination of the Nerve-Centres, &c. By R. J. COLLYNS.

1884.

41. Notes on the later Stages of Hemiplegia. By J. A. ORMEROD, M.D.
42. On Degradation of Type in the Insane. By J. CLAYE SHAW, M.D.
43. A Case of Epilepsy, with Remarks. By HOWARD H. TOOTH, M.B.

2. A table is given of 63 cases, which shows that laryngismus is more common in the first than in the last half of the year. In the first are recorded 58 cases, in the last only 5. The author attributes this to the dampness and chilliness of winter and spring. These conditions favour the diathesis and the paroxysm; the former because the child is left indoors more than is good for it, and the latter because the damp and cold air may have an excitant action through the medium of the skin and lungs.

5. The term Phrenitis is chosen instead of Meningitis, because the inflammatory condition implied by the latter term was wanting. The cases related were 4, two boys and two girls, ages 1 year and 10 months, 4 years, 6 years and 5 months, 6 years and 6 months. The attack took place in very hot weather, but in one case not after exposure to the direct rays of the sun. The invasion followed the exposure within 24 hours. The symptoms were briefly as follows: Vomiting, diarrhoea, and shivering. High fever, 108·5 in one case, coldness of the extremities at the same time. There was marked delirium in three cases, sleeplessness, with picking at the bedclothes, and in the other, convulsions. The author regards delirium and convulsions as being of equal significance in children. Coma follows the delirium. In one case were symptoms pointing to affection of the base of the brain, *i.e.* irregular and infrequent pulse, unequal

pupils, right internal squint, deafness, cervical opisthotonus. In two cases the acute stage ended on the sixth day, but the patient has never completely recovered. One case became permanently deaf; the other went into a state of dementia, which, however, is improving. The other two cases died, one on the first and the other on the eighth day.

8. An account of 14 cases of epidemic-cerebro-spinal meningitis. Five cases resulted in recovery. Six cases were under 18 years; the remaining eight were between 20 and 50.

11. Four cases are recorded, having as essential characteristics, constant rigidity of legs, or of legs and arms, which increases on handling the limbs, and disappears under chloroform. Other common characters are: that the lesion is congenital, or begins in early infancy. The ages of the children reported are respectively, 10, 8, 8, $8\frac{1}{2}$ years. That of the four cases, two were males. That no tendency to heredity, neurotic or other, was discovered. The affected muscles act well to faradism, and show little or no atrophy, and no tremors. Intellect and sensation natural, no lesion of micturition. General nutrition good. Weakness of back in all cases. Choreiform movement of face in two. Tendency to convulsions in two cases. One suffered from painful cramps in the legs.

12. A girl, æt. $6\frac{1}{2}$ years, in whom the most prominent symptoms were,—double internal squint, slight ptosis right, food lodged between teeth and cheek on the right side, impaired deglutition, deliberate speech, sight and hearing unaffected, but double optic neuritis. *Post-mortem*, the pons was found to be greatly enlarged, most on the right side; the swelling involved the posterior part of the crura cerebri and the left half of the medulla to the decussation. Right of the nerve compressed. Microscopically, was found great absence of nerve fibres in the tumour, which seemed to be due to a great general overgrowth of neuroglia.

13. A girl, æt. 3 years, quite idiotic, born healthy, symptoms began at 9 months old, and consists of spasmodic rigidity of one or more groups of muscles. The spasms may last a quarter of a minute, and then go off as rapidly as they came. On attempting to stand, the leg enters into a state of rigidity, with equino varus and tendency to cross. No sign of syphilis. Mother's father epileptic.

14. An analysis of 25 cases, 10 male and 15 female, illustrating a disease which affects infants under 2 years of age, and having for its essential sign a holding back of the head. The opisthotonus was not constant in all cases, but occasionally ceased for a time. Associated with it in some of the cases were,—rigidity of the limbs, epileptiform convulsions, hydrocephalus, the latter affection coming on some time after the opisthotonus was established. In 11 cases the disease was chronic, and termination unknown, but of the remaining 14, only 3 recovered. As to post-mortem appearances, no tubercles were found in the brain or membrane, but basio meningitis in all cases. In five cases the disease had existed from birth, two were certainly syphilitic, another probably so. Some of the cases resembled epidemic cerebro-spinal meningitis. There was no evidence of heredity, either ancestral or collateral. In three cases was a history of a fall before the onset of the disease, but fracture or laceration of brain or membrane was found after death. In two cases there was otitis interna.

17. These cases are related at considerable length and illustrated by woodcuts. The first was that of a child, aged 5 years. Her history was briefly, that after a fright she was affected by uncontrollable facial contortions on the left side, followed by left hemiplegia. Later, there supervened right hemiplegia with complete loss of speech. The right hemiplegia improved, but in about five weeks great contracture of the left limbs set in. There was slight hyperæmia of the optic discs. *Post-mortem* was found yellow softening of (1) the hinder part of the first frontal convolution; (2) the hinder part of the three frontal convolutions; (3) ascending parietal, and (4) ascending frontal convolutions; (5) callosa marginal convolution as far as the fissure of Rolando. This softening was symmetrical on both sides of the brain, except that it extended in the frontal region nearer to the olfactory sulcus on the right than on the left side. The vessels at the base were reported quite natural. The other cases described were,—one cerebro-spinal meningitis, the other of acute hydrocephalus, with accounts of autopsies in each.

21. Illustrated by the following cases: (1) Spastic paraplegia in infant and adult age. (2) Spastic diplegia. (3) Sclerosis of encephalon in inherited syphilis. (4) Paralysis due to compression of arm. (5) Traumatic myelitis, followed by muscular atrophy, (?) spastic rigidity. (6) Motor ataxia of legs, with paralysis of orbicularii oris. (7) Teichopsia. (8) Infantile spinal paralysis.

22. A careful record of three cases, among the symptoms of which are,—headache, more or less severe; drowsiness, eye symptoms, paresis and anæsthesia of certain limbs, epileptiform seizures. All three cases improved greatly under iodide of potassium and mercury.

25. An account of 21 cases of *tabes dorsalis*, arranged in three series: (1) Cases in which there was well-marked inco-ordination in the legs, causing difficulty in walking and inability to stand with the eyes shut. (2) Cases in which such inco-ordination was slightly marked. (3) Cases in which there was no inco-ordination. The relations of the inco-ordination to the pupil affections are also carefully discussed.

26. A suggestive paper showing the relation of the tendon-reflexes to rigidity in hemiplegia. The author finds that the knee-jerk in some cases of hemiplegia, even a long time after the attack, is the same on the affected as on the sound side. In such cases late rigidity rarely or never occurs. On the other hand, if the tendon-reflexes be increased on the affected side, rigidity may be predicted with comparative certainty. These points are well illustrated by tables comprising 50 cases of hemiplegia.

28. Man, aged 24; the calves had been noticed to be large for a very long time, but the more essential symptoms dated back about three years. A younger brother had been complaining of difficulty in running, but no enlargement of the legs had been observed.

Arms.—Triceps both enlarged. Biceps and flexors of forearm rather large. Pectorales and latissimi dorsi much wasted. Deltoids, infra- and supra-spinati, masseters, temporals, thumb-muscles and tongue, unaffected.

Legs.—Glutæi and thigh-muscles much wasted, except vasti externi. Calf-muscles much hypertrophied. Faradic irritability of hypertrophied and wasted muscles slightly diminished. Knee-jerk very feeble. This case is interesting from the fact that it is probably an example of Erb's recently described "Juvenile form of Progressive Muscular Atrophy."

30. (1.) *Hemichorea*.—A painter, æt. 54, no lead line or symptom of plumbism. Distinctly gouty. History of patient: Choreic movements of right hand five days before admission, soon spreading to leg. Never on left side. Died thirteen days after admission. In the left internal capsule, close to the thalamus at the junction of

its anterior and middle thirds, and separated from the lenticular nucleus by a band of healthy white matter, was a small patch of softened brain of the size of a lentil, and of an ochre hue. Also in the posterior half of the right thalamus was a small reddish cyst, the size of a millet-seed. The author emphasizes the following points: (1) That it was a case of simple chorea. (2) The onset was sudden, but there was no apoplectic symptoms. (3) No antecedent palsy. (4) No hemianæsthesia. (5) Cranial nerves unaffected. (6) The lesion was in the direct pyramidal tract. In cases of hemichorea associated with hemianæsthesia, the lesion has been found *behind* the pyramidal tract. (7) Probably embolic.

2. A second case of gelatiniform enlargement of the Pons Varolii.

31. Among the earliest symptoms was drooping of the right upper eyelid, closely followed by paralysis of the right side of the body. Right pupil half the diameter of the left, and does not dilate as fully with atropine as the left. Right forearm flabby, but with fair movement; can hardly move fingers at all. Faradic irritability of right superficial, and deep flexure of hand, pron. rad. teres, thenar and hypothenar, and interossei, abolished. Paralysis of both legs followed later, with absence of tendon reaction, superficial reflexes, and with complete anæsthesia. Patient perspired much about the head during sleep, and twice it was noticed that the perspiration was confined to left side of the head. Autopsy discovered a sarcoma connected with the first and third ribs, spreading into the spinal canal, and pressing on the cord. The right sympathetic was involved in the growth.

32. Two interesting cases, one of a girl, æt. 12, the other a woman, æt. 48. Illustrated by two photographs. In both, the atrophy made its appearance at an early age, and was associated with ocular troubles. In the second case it was preceded by intense pain in the side of the head. In both, the left side of the face was affected, and was marked by extreme atrophy of soft parts, with wrinkling of skin, loss of hair, and some wasting of the bones. In the child there was wasting of the muscles of the left arm, pectoralis major, deltoid and infra spinatus, with great depression of skin in palm, with wasting of middle and ring fingers. In both cases the muscles react well to faradism. Sensation is normal.

Mr. Jessop discusses the various theories of causation of this affection, and suggests that lesion of the Gasserian ganglion might

account for the facts. The known connection of the sympathetic with the ganglion might have to do with the ocular affection.

33. These cases include, (1) a case of locomotor ataxia, associated with perforating ulcer of the foot; (2) a case of subacute anterior general and spinal paralysis; (3) a case of hereditary locomotor ataxia.

35. This article is illustrated by twelve cases, all women over 40 years of age except three. The symptoms always commence at night. The patient wakes up with numbness and formication, and even pain, in the hands or arms. There may be also some loss of power. Symptoms pass off after friction of the part, and much resemble that state induced by compression of the nerve-trunks. The affection, however, is often bilateral. The author compares it rather with a mild case of tetany, without the facial irritability. The use of bromide of potassium was attended with the best results.

36. In four cases of tetanus, Mr. Bowlby was able to make a careful post-mortem examination. In all, the nerves round about the wound were found to be perfectly healthy; the same may be said of the spinal cord, medulla, pons, corpora striata, and optic thalami, except in one case in which there was softening of the cerebrum just above the left Rolandic fissure, also in both corpora striata. In no case was the blood found to contain micro-organism.

The author summarises the current theories, and proceeds to show how baseless these theories are, both from pathological and clinical grounds. He himself inclines to the view that the disease is essentially one of blood-poisoning, in support of which he adduces these facts: (1) That the occasional idiopathic occurrence of the disease shows that local injuries are not essential for its production. (2) Its extreme prevalence in certain climates and localities. (3) Its preference for coloured races rather than white. (4) Its occasional appearance in epidemic form. The constitutional origin of the disease is shown strongly in the form called tetanus neonatorum, which attacks the children of coloured parents; the umbilical cord is always in an unhealthy condition, and bad hygienic surroundings always play some part in the affection. Here the peripheral nerve-theory falls to the ground, as there are no spinal nerves in the umbilical cord.

37. To this paper, which is principally of purely surgical interest,

is appended a series of tables comprising cases collected from all sources, European and American. They contain a record of 82 cases, in which most of the details are forthcoming, and 48 of which no details are recorded, making, in all, 130 cases, with a reference to each. In 74 cases complete recovery followed. In 18 cases improvement followed the operation. In 7 cases no improvement, and 30 cases died.

39. In enumerating the causes of headache, the author brings them under two heads: (1) Local irritation. (2) Causes having their origin in general conditions. Under the first head come decayed teeth; abnormalities of refraction in the eye; diseases of the ear, nose, throat, &c. Under the second head come indigestion, biliousness, constipation, fever, plethora, anæmia, rheumatism, gout, and albuminaria. He makes some interesting remarks on the position of the pain. Thus, in caries of the lower molar teeth, the headache is usually in the occipital region; decay of the upper molar causes temporal headache; while frontal or vertical headache may be associated with decay of the incisors and canines. The headache of anæmia is generally vertical. Frontal headache, with constipation, is relieved by salines; while that without constipation is best treated with acids or alkalis.

40. Full details are given of a case of a man aged 32, with no personal or family antecedents of any importance. The first symptoms consisted of wasting of the left-hand muscles, followed quickly by wasting of right hand and both arms, and at the same time dysphagia and other bulbar symptoms made their appearance. The paralysis, rigidity, and tremor proper to lateral sclerosis were of later occurrence. A full account of the post-mortem appearances, gross and minute, of the cord, nerves and muscles is given.

The author considers that the grey matter was primarily affected, the sclerosis spreading from this to the anterior columns and crossed pyramidal tracts.

41. Short descriptions of 20 cases of hemiplegia due to simple non-progressive cerebral lesion. The cases are arranged to elucidate the following points:—

(1.) Two cases to show that, contrary to the rule, the tendon phenomena are sometimes exaggerated without the supervention of contracture, and from cases in which they are more marked than on the sound side.

(2.) The tendon reaction is sometimes found exaggerated on both

sides, and a case is quoted in which the paralysis is found on the same side as the lesion as well as on the opposite side. The author discusses the explanation of this post-hemiplegic paraplegia, and then describes,

(3.) Two cases of incontinence of urine after hemiplegia.

(4.) A case of hemiplegia, to which was superadded degeneration of the anterior horns of the grey matter, shown by rigidity, atrophy of thumb-muscles, and marked degenerative reaction.

(5.) Two cases of rigidity of hand and leg, alternated with involuntary slow movements ("mobile spasm"), which are easily provoked by any attempt to move the rigid limb.

(6.) Eight cases of post-hemiplegic epilepsy. In these the fits may occur at any age, and appear to have some direct relation to the hemiplegia, but do not make their appearance till some time after its occurrence.

HOWARD H. TOOTH, M.B.

A Study of the Disturbances of Co-ordination in Children.

By A. ERLÉNMEYER, M.D.—The case reported is that of a boy, the only child of related parents (first-cousins). He had the gait of locomotor ataxy, and restless movements of the arm. It is noted that he was seen by the late Professor Friedreich and Professor Erb: the former diagnosed spinal disease; the latter, chorea minor.

History.—Well till the age of 5, then a fever of uncertain nature (? cerebro-spinal meningitis); five months afterwards the following nervous symptoms developed very rapidly—unsteadiness of gait, restless movements of arms, transitory tremulousness of the eyeballs. On admission (three years afterwards), there was well-marked tabetic gait, inability to stand with eyes shut, absence of patellar tendon-reflex: constant irregular movement of the arms, and (in connection with them ?) of the trunk and head; movements of the facial muscles and right lower eyelid; right internal squint; right pupil larger than left; both pupils acting normally. Speech described as "indefinite, difficult, showing irregularities in the mechanism of word-formations." No nystagmus. No affection of sensibility. The squint disappeared under treatment; the speech improved; but in other respects the boy remained in the same condition.

The author looks on the case as one of hereditary ataxia (locomotor and static), of which the fever was the determining cause.

J. A. ORMEROD, M.D.