Periscope.

CLINICAL NEUROLOGY.

ZUR CASUISTIK DER INFANTILEN PROGRESSIVEN SPINALEN MUSKEL-ATROPHIE VON FAMILIALEM RESP. HEREDITÄREM CHARACTER (Infantile Progressive Spinal Muscular Atrophy of Family (or hereditary) Character). L. Bruns (Deutsche Zeitschrift für Nervenheilkunde, 1901, xix, 5 and 6, p. 401).

The number of cases of this disease which have been reported is very small, hence Bruns gives the clinical histories of three cases which he had under observation for some time. His cases show all the important clinical characteristics first described by Werdnig and Hoffman. Beginning in early childhood very slowly, the child may learn to walk, but soon gives it up and takes to bed. Power is gradually lost in the legs, then in the trunk, and standing soon becomes impossible. There is paresis and atrophy beginning at about the same time in the muscles of the pelvic girdle and of the trunk. This is entirely symmetrical and affects especially the iliopsoas and quadriceps femoris. Later the arms and head muscles are affected. In the limbs the proximal muscles are affected first, and the disease proceeds slowly toward the distal parts (hands and feet). These last never escape if the disease lasts long enough, but there is often more movement in them than would appear possible with the degree of atrophy which is present. The supporting of the head and that of the trunk becomes especially difficult. The patient can long balance head and trunk, but cannot lie down or get up slowly. On account of the weakness of the muscles there is spinal curvature and talipes equinus. The atrophy of muscles may be partially concealed by fatty deposit. The paralyzed muscles may show diminished electrical reactions and even reaction of degeneration. Fibrillary contractions may or may not be present. Occasionally the bulbar muscles are affected. No hypertrophy or pseudo-hypertrophy. The paralysis is flaccid with lost tendon reflexes and occasional secondary contractures. There is no sensory disturbance, sphincter involvement, or mental impairment. The course is rather rapid and death is due to paralysis of respiratory muscles. The disease is hence progressive, the muscular atrophy is centrifugal and symmetrical. The only considerable difference shown in the cases of Bruns were their beginning somewhat later than those of Werdnig and Hoffmann (at about two and three years), and lasting longer. One case died in her fifteenth and the other two were alive aged respectively five and twelve years, at the time his paper was written. The author publishes some instructive photographs. ALLEN.

SUL DISTURBI DELLA RESPIRAZIONE NEGLI EMIPLEGICI (Disturbances of Respiration in Hemiplegics). Boeri and Simonelli (Gazz. degli Osped., Oct. 7, Vol. 20, 1900, p. 1,249).

These authors have studied the respiratory movements in 61 cases of hemiplegia. In almost every case respiration was both absolutely and relatively diminished; in 49 of the cases there was a dis-