

PROGRESSIVE MUSCULAR ATROPHY, MOST MARKED IN THE RHOMBOID AND SHOULDER MUSCLES, BUT ALSO INVOLVING THE MUSCLES OF THE TONGUE AND FACE, AND THE EXTERNAL OCULAR MUSCLES.<sup>1</sup>

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THIS patient, a married woman, 35 years old, was born in Ireland. Her father died after having been confined to his bed five years with paralysis, the exact nature of which is unknown; her mother is living and well. She has three sisters and one brother living and in good health. She was married when 17 years of age and has three children living. One miscarriage occurred during an attack of typhus fever one year after her marriage. She bore three children in the next three years. Soon afterwards her husband died, and she was obliged to work for her living. She was employed in a laundry and did very heavy work. At this time, about thirteen years ago, the disease from which she is now suffering began.

She was first seized with a severe pain under the right scapula, which lasted several weeks and was pronounced "rheumatic" by her physician. She soon noticed that the scapula was becoming prominent, and for the purpose of correcting the deformity had a corset made extending very high in the back and having firm straps running over the shoulders and fastening in front. This supported the scapula and relieved the pain, but the deformity has gradually increased. For several years she has been unable to dress her hair with her right hand unless she rests the elbow upon some high object. She has had no other attacks of pain about the shoulder until a few days before she was first seen, April 6, 1895, yet felt that she was gradually losing power in the shoulder muscles.

She sleeps well but can only lie flat on her back as any other position causes pain. Her menstruation is regular, but she has dysmenorrhea during the first twen-

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<sup>1</sup> Case presented at the Philadelphia Neurological Society, April, 25, 1895.

ty-four hours of the flow. For the past sixteen years she has frequently had a frontal headache which is aggravated by wet weather. Her appetite is capricious and bowels are irregular.

At first, attention was attracted only to the condition of her shoulders and back. She was unable to elevate the right arm above the horizontal line and elevation of the left was performed with difficulty. She cannot raise the shoulders or move the arm freely forward and backward when these are extended horizontally, nor can she throw the shoulders backward. The peculiar deformities produced when the arms are allowed to hang or



Progressive Muscular Degeneration; Appearance of the Atrophied Muscles of the Back and Shoulders.

when they are held up as far as possible and flexed at the elbows are shown in the photographs. Close examination shows advanced atrophy of the rhomboid, the supra spinatus and infra spinatus, and deltoid muscles on the right side, and the same but to a less degree on the left.

The muscles of the left half of the face are also distinctly atrophied, the mouth and nose being drawn somewhat to the right. The general bulk of the tongue is diminished; and its right half is relatively much more atrophied than the left. Voluntary movements of the tongue are irregular and fibrillary tremors are present.

Involvement of the ocular muscles is evidently be

ginning to take place. In looking both outward and inward the excursion of the left eye is incomplete; and in looking upward it has a tendency to wander outward. Some restriction of movement inward is also observable in the right eye. It is probable that the impairment is of conjugate ocular movement to the left. Pupils respond to light and accomodation.

Touch, pain and thermal senses are preserved. Parts of the body other than those above alluded to, do not seem to be involved in the atrophy.

The case probably belongs to the family of progressive muscular degenerations. It is unusual in having begun in the rhomboid and scapula muscles, and in remaining most marked in them, and for the long period of time elapsing between the two attacks of pain due to the atrophic condition.

**Auto Infectious Anterior Poliomyelitis.** Orcel and Stourme (*La France Med.*, Jan. 4, 1895) report a case of the ascending type of paralysis, of infectious nature, originating in the genito-urinary tract, and which was, for the time being, progressive, but followed by recovery. The patient had a retracted prostate, and underwent internal urethrotomy. Two months later symptoms of general infection followed catheterizations; the urine was scanty and purulent. Then stiffness in the extremities, total sexual impotence, and disturbances of sensibility set in. These disorders spread, and ascended to other parts of the body, causing dyspnoea, muscular atrophy of the leg muscles, decubitus of the sacrum, loss of reflexes, absence of faradic irritability, and bradycardia. Treatment: Mixed anti-specific, without ameliorations; then ergotine, K. I., in small doses, and irrigations of the bladder. Later, complete recovery set in, the symptoms disappearing in reverse order. There was, therefore, first, perineuritis, then myelitis. The authors consider this a case of Duchenne's subacute anterior spinal paralysis.

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