days later—June 2nd. He was the second case of the myoclonic type with mania to occur in this practice. The mania was extreme, and more violent than in the case of A. C.

CASE 5.—T. M., a collier of 20, was seen on June 6th with a left hemichorea and a right facial paralysis. Later the left external rectus was seen to be paralysed. He had been delirious from the night of the 3rd. Temperatures of 100° and 101° F. were noted, and a pulse of 48. It was interesting to watch him in the day-time smoking imaginary cigarettes, at times blowing off the ash, and at times watching smoke-rings floating away, with eyes half open and eyelids blinking to moisten the eyeballs. At night he would spring up in bed and start cutting coal, or he would be hunting for something through the house. This stage lasted about ten days in his case. Since then he has been stuporose, his face has been mask-like, and he has lain without voluntary movement. Now there are bedsores, he is sweating profusely, and there is swelling of both feet.

CASE 6.—D. D., a corporation official of 73 who had been working in a gassy place, was delirious on the night of June 24th. When seen next day he was reading a newspaper. He complained of sharp pain in the left occipital region. He was with difficulty kept in bed. A confirmed pipe-smoker, he insisted on smoking his thermometer. There were for some days twitchings of head, arms, and legs. He is much better, and was a very slight if typical case. Dr. Allan C. Parsons, of the Ministry of Health, was not so certain of the diagnosis in this as in the other cases he saw. He asked that these cases, and especially those of a myoclonic type, should be reported with a view to eliciting information from other general practitioners and that a permanent record should be made.

Malingering, mania, meningitis, hysteria, chorea, and Landry's were diagnoses suggested by medical men who saw the early cases. The wasting is extreme and blueness and heart attacks are common. The alternating stupor and delirium or mania and moroseness are very characteristic. We have not had in this practice any ordinary meningitis or poliomyelitis cases recently. Here are a few questions awaiting solution. Why do so many cases occur in the spring-time? Why are they so scattered? Why do people living or sleeping with cases not become infected? Can gas and food poisoning be definitely excluded? What would be the result to a nation of an epidemic of this disease on influenza lines?

Dowlais, Glam.

NOTE ON A CASE OF HYSTERICAL PARALYSIS IN A SOLDIER.

BY DAVID FORSYTH, M.D., D.Sc., F.R.C.P. LOND.

THE patient, after long service in the firing line in France, was invalided to England with 30 or 40 superficial wounds made by a hand-grenade thrown at him during an attack. Convalescing from these, and while still in hospital, he was allowed out for the first time, and on his return was found to have lost the use of his right arm. Physical treatment of many kinds was tried but failed, and he was pensioned from the army. When, several months later, he came under my notice the arm was rigid and could be raised by a great effort to a horizontal position but no higher; the hand was fixed in one position—thumb and little finger stiffly extended, the other three fingers tightly pressed into the palm. One or two interviews served to illuminate the case.

The patient, a big, powerful man, square-jawed, and with a dominating personality, had voluntarily enlisted in August, 1914, and served continuously at the Front until he was wounded. There could be no question he was a good and keen soldier. He was strict in his obedience to all superiors, spoke with pride of the friendly terms to which his battalion officers had come to admit him, and frankly owned that he had undertaken many hazardous enterprises in the hope of winning a military decoration.

But another side of his character lay deeper. In our conversations he treated me affably as an equal, and as he let himself go he began to pour out what was at first a stream of criticism, and soon became a flood of abuse of headquarter staffs, the War Office, the Government, &c., and every other sentence contained an oath. Since his discharge from the army he had devoted himself to open-air oratory, and at street corners his loud, assertive voice proclaimed the coming social upheaval which was to give the future to the common soldier and dispossess the favoured classes; in general he preached from the text, "Jack is as good as his master." This good soldier, zealously obedient and proud to be noticed by his superiors, was at heart a red-hot revolutionary.

The circumstances of the paralysis are these:—

He had practically recovered from his wounds, and the afternoon came when he had permission to go into the town for the first time. But as luck would have it, this was the very day when there arrived from London that famous order of the War Office requiring even wounded soldiers to salute officers in public. This seems to have stirred mixed

emotions. In the event, as he reached the town and saw the first officer approaching, he straightened himself in soldierly fashion and at the correct moment began to raise his right arm in salute. But (I quote his words and accompanying action) when his arm got half-way up it stuck, the three middle fingers curled into the palm, and with thumb and little finger stiffly extended—thumb at the tip of his nose, little finger to the officer—he walked past. From that moment his arm has never gone higher than the level of his nose, and no hand of marble could have retained its expression more faithfully.

An hysterical symptom, Freud has taught us, gives symbolic expression to a repressed wish and to its counter-wish; it is a compromise formation and serves to gratify both impulses. Our soldier-revolutionary could hardly have epitomised his mental conflict more convincingly had he spoken outright, "I salute you—damn you."

AN UNUSUAL CASE OF PARATYPHOID INFECTION.

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THE two points of interest in the case are, apart from the difficulty of diagnosis, the unusual range of agglutination in a paratyphoid infection, more especially if the history is correct, and the fact that joint and bone complications in such infections are rare.

A boy, aged 4, was admitted on July 26th, to St. Thomas's Hospital under Mr. J. E. Adams with the following history. Fourteen days before admission he was taken ill with headache and general malaise, and was disinclined to play. His mother stated he had a temperature of 100° F. at this time. Three or four days later he had a severe sore-throat, and at the same time he had diarrhoea, passing three or four motions daily. The diarrhoea subsided after four days, after which he was constipated, but the fever continued, although his general condition improved. Five days before admission he complained of pain in the right shoulder.

On admission the boy looked well. The right shoulder was swollen, and there were signs of effusion of fluid over the anterior aspect of the joint. He would not use the right arm, but passive movement did not appear to be painful, with the exception of abduction. The temperature on admission was 101° and continued between 101° and 102° for the next five days, after which it fell to normal by crisis. On July 29th, the joint was aspirated, and about half a c.cm. of blood-stained fluid was withdrawn. Films from this fluid showed a large number of cells, polymorphs and small lymphocytes being in about equal proportions. A few Gram-negative bacilli were also seen. On cultivation *B. paratyphosus B* in pure culture was isolated. On further inquiry the boy's mother is certain that he was quite well until, as stated above, 14 days before admission. There had been no other illness in the house, and both she and her husband had been in perfect health. The boy's father had served in the army during the late war, but states he had no illnesses throughout his service. He had also served in the Boer War and then had "enteric fever."

The patient's blood was taken on August 1st, 20 days from the onset of his present illness, and tested for agglutinins, when it was found that his serum agglutinated *B. paratyphosus B* up to the dilution of 1:4000, but *B. typhosus* and *B. para. A* gave no agglutination at 1 in 25. Examination of the faeces was made on August 4th, but no paratyphoid bacilli were isolated. The urine contained some pus and *B. coli* was found to be present. The stools were again examined on August 13th, when *B. paratyphosus B* was isolated. Three further examinations of the stools at five-day intervals gave negative results. Similarly the urine was also examined, pus still being present on each occasion, as also *B. coli*, but no paratyphoid bacilli. The father's faeces were examined, but no member of the enterica group was obtained. All stiffness of the shoulder had disappeared ten days after the aspiration and the boy seemed quite well. X ray examination of the shoulder failed to reveal any disease of bone.

A further agglutination on Sept. 2nd gave an end-point against *B. paratyphosus B* of 1:4000. There is now (Sept. 2nd) no disability of the shoulder-joint whatever. It was found that throughout the summer the boy had been in the habit of eating ice-creams from a barrow in the street every Saturday and Sunday.

Webb-Johnson,¹ in a review of the surgical complications of typhoid infections in the war from 1914-18 in France, gives 1382 cases of paratyphoid infection in which there were two cases of acute arthritis and three cases of subacute arthritis, but a paratyphoid bacillus was only isolated in one case, an arthritis of hip, from which paratyphosus B was grown. Professor L. S. Dudgeon informs me that amongst a very large number of cases of paratyphoid infection in Gallipoli and Egypt in 1915 and the Balkans in 1915-19 he was not acquainted with an instance in which paratyphoid bacilli were grown from a case of arthritis.

With regard to the agglutination results, if the mother's history is correct, and she was certain of the dates, to attain a titre of 1:4000 in three weeks is most unusual in any case of infection of the enteric group.

¹ Webb-Johnson: Surgical Aspects of Typhoid and Paratyphoid Fevers, Oxford Med. Pub., 1919, p. 142. THE LANCET, 1917, ii., 813.