

examination in the last case showed that the preservation of the knee jerks was due to the preservation of the root entrance zones of Westphal in the posterior columns of the lumbar region. SPILLER.

41. *ATROPHIE MUSCULAIRE TABÉTIQUE À LA PÉRIODE PRÉATAXIQUE* (Tabetic Muscular Atrophy in the Preataxic Period). M. Dejerine (*La Médecine moderne*, 9, 1898, p. 310).

Muscular atrophy in ataxic patients is encountered at all periods of the disorder, but Dejerine reports from the Salpêtrière a case in the preataxic period. A woman of 44 came to the hospital for clubfoot with atrophy of the common extensor and other related troubles. Two months before, during the night, she was seized with sciatic pain of great intensity. She perceived the next day that there was a paralysis of the muscles supplied by the left external popliteal branch. Upon examination, the sensibility and electrical contractility were found intact. No knee jerk, no Argyll-Robertson pupil. Romberg's sign not to be found, owing to the fact that the woman could not stand upon the right foot. From all these facts and the further history of the patient's having had an attack of lightning pain six years before, and a slight occasional twitch of pain in the lower limbs, the diagnosis of tabes was made. Dejerine does not think the paralysis of tabes incurable, although there is one form which is progressive and entirely rebellious to treatment, the prognosis no doubt being like that of the ocular paralysis of the same disorder, dependent upon whether the lesion bringing it about is peripheral or central. He considers electricity the only treatment worth mentioning. MITCHELL.

42. *UeBER EINE BEWEGUNGSPROBE UND BEWEGUNGSTÖRUNG BEI LUMBALSCHMERZ UND BEI ISCHIAS* (Concerning a Movement Test and Disturbance of Motion in Lumbar Pain and Sciatica). By L. Minor (*Deutsche med. Wochenschrift*, 23 and 24, 1898, pp. 363 and 382).

Minor has noticed that persons not paralyzed, but suffering from traumatic pain in the back, rise from a sitting position on the floor in the same manner that persons do who are afflicted with the pseudohypertrophic form of muscular dystrophy, i. e., they turn their faces toward the ground, extend their arms, place themselves on all fours, and climb upon themselves by supporting the hands upon the lower limbs. Strange to say, this fact has received almost no attention in the literature. This peculiar method of rising is only present when the pain is bilateral, and has been seen in lumbago, and when the muscles of the back have been overstrained. In some cases the pain seems to be due to kidney trouble, or vertebral caries. The cause of this method of rising is the attempt to spare the erector muscles of the trunk.

Minor speaks of the frequent occurrence of lumbago and sciatica together, and of the frequent passing of the former into the latter.

In sciatica also the method of rising from the sitting posture is peculiar, and is exactly opposite to that seen when lumbar pain is present, though the object to be attained—the relief of the extensor muscles of the trunk from contraction—is the same in the two conditions. When a patient with sciatica is placed on the ground and told to rise, he extends fully the sound limb, while the painful one is slightly flexed at the knee. He raises himself with his hands behind his back on the floor, flexes the knees, shoves the pelvis backward, and raises the trunk from the ground by leaning on one hand. When the lumbago is changing to sciatica, the mode of rising varies according to the preponderance of the pain in the limb or back. In rare cases this.

method of rising is not always present, and usually in these cases the pain is not severe, or is below the popliteal space; otherwise the method is absolutely characteristic of sciatica. SPILLER.

43. COMPLETE ATROPHY OF THE DELTOID WITH VICARIOUS RESTORATION OF FUNCTION. Kennedy (British Medical Journal, June 11, 1898, 1, 1898, p. 1513).

Complete atrophy of the right deltoid following a subcoracoid dislocation from a fall. Two years after the accident the muscle was still useless, but function at the shoulder was almost completely normal, due to the efficient vicarious action of the trapezius, the supraspinatus, the muscles rotating the scapula and to torsion and curvature of the vertebral column. PATRICK.

44. UEBER EINEN FALL VON HYSTERIE MIT UNGEWÖHNLICHEN SYMPTOMEN (DIATHÈSE DE CONTRACTURE) UND DEREN BEINFLUSSUNG DURCH HYPNOTISCHE SUGGESTION (Concerning a Case of Hysteria with Unusual Symptoms, etc). A. Lilienfeld (Deutsche med. Wochenschrift, 27, 1898, p. 426).

A woman of forty-seven years began in 1894 to present, among other signs of hysteria, frequently repeated painful contractions of the abdominal muscles; later the condition developed which is known among the French as "diathèse ou état d'opportunité de contracture." She was unable to walk even a few steps, inasmuch as the slightest irritation, such as striking the foot against a stone or the corner of the bed, or an unexpected noise, caused spasm in both legs, with the production of the equinovarus position of the feet. The calf muscles were especially liable to be thrown into spasm. At times the shoulder muscles were involved, and the arm could not be raised or abducted, or the muscles of the fingers were affected. The contraction of the abdominal muscles alone produced pain. The spasms were easily overcome, but if no attempt was made to control them they persisted. A vigorous passive movement of the part in the direction opposite to that of the contraction, or vigorous use of the faradic current, was usually sufficient. Hypnotism was most effective, and rendered the patient much less susceptible to spasm, but did not produce permanent results. The handwriting, which was almost illegible, became temporarily very distinct by the employment of hypnotism. The patient had great difficulty in speaking, on account of spasm of the tongue, and at times was unable to utter a word. SPILLER.

45. PARALYSIE RADICULAIRE INFÉRIEURE DU PLEXUS BRACHIAL; AUTOPSIE (Paralysis of the Inferior Branch of the Brachial Plexus; Autopsy). M. Apert. (La Médecine moderne, 9, 1898, p. 471).

M. Apert presented to the Société Médicale des Hôpitaux the specimens from the autopsy of a man who had complete loss of power in the right arm for thirty-three years from an injury received by being run over by a wagon. He had previously been presented to the society to exhibit the remarkable atrophy which extended throughout the whole of the arm, forearm, and hand, except the long supinator, the deltoid, and the biceps. The triceps, the pectoralis major, the dorsalis major, were all atrophied. The patient had also the ocular difficulties described by Madame Dejerine, myosis, narrowing of the palpebral opening, and diminution of the pupillary reflex. The patient died of pulmonary tuberculosis, and upon examination the muscles of the arm, except those mentioned, were found completely degenerated, and trans-