CASE OF MUSCULAR HYPERTONICITY.

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JOHN MCGUIRE, aged 66, tailor, was admitted into the General Hospital on July 1st, 1887, complaining of stoppage of the bowels, weakness of the legs and arms and impaired sight. This illness began six months ago, and has gradually got worse. He noticed his sight began to fail about March, and his hands became affected at the beginning of June.

His previous health had been good; he admitted having had syphilis forty years before, and that he had been a heavy drinker. He had not met with any serious injury, fall or blow on the back.

He was a widower; had had five children, three died in infancy, two were living in good health.

He walked with his feet apart, and turned round with difficulty; he did not stand steadily with his feet together and his eyes closed, nor could he steady himself on one foot so as to step upon a chair. He had great difficulty in walking upstairs, and could only do so by holding the balustrade; after going up a few steps he became more unsteady, and there were clonic spasms in the calf muscles. He also complained of numbness and tingling in the hands; of loss of memory, especially for words, with hesitation in speaking.

There was no loss of power distinctly to be made out in any group of muscles, nor any rigidity.

There were no girdle or lightning pains; no abnormal subjective feelings of heat or cold or formication; no impairment of sensibility to touch, tickling or pain. Pupil reflexes normal. Knee-jerk exaggerated on both sides. Superficial reflexes present; no ankle-clonus. Ophthalmoscopic appearance of fundus in both eyes quite normal, except some natural presbyopia.

Progress of Case.—By July 5th he could walk alone fairly fast and with confidence. The gait was jerky and he picked up his feet too high. The clonus of calf-muscles had gone.

July 6th.—Articulated quite well, and said that he had

lost the numbness in his fingers. On July 11th he said the difficulty of speaking had "gone away from him," that he could remember better what he read. He continued to progress till his discharge on July 20th, when he left, able to walk very well.

When this case came under my observation, I knew nothing of the group of cases described so well by Dr. A. Hughes Bennett at the Neurological Society last summer. As it appears to be an illustration of a rather rare condition, and one that puzzled me a good deal at the time, I venture to send these brief notes for publication. The treatment used was the daily inunction of a drachm of mercurial ointment, ten grains of iodide of potassium three times a day, and a draught containing fifteen minims of fluid extract of cascara at bedtime when the bowels were not open. I do not now attach any importance to the specific treatment in the cure that resulted, but attribute this chiefly, if not altogether, to the rest.¹

¹ Since this was written he has been an in-patient again, and the result has a little modified my opinion as to the effect of specific treatment; for he seemed to make very little improvement until the mercurial inunctions were resumed. He is now (Dec. 6th) fairly steady on his legs, and the knee-jerks are less exaggerated.