A CASE OF HYPOGLOSSAL NUCLEI PARALYSIS

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It has been disputed by some authorities, notably Oppenheim, that the hypoglossal nucleus gives fibers to the facial nucleus to supply the orbicularis oris. Oppenheim takes a sceptical attitude and thinks that such an innervation constitutes an individual abnormality. The contrary view is held by Howard Tooth and Purves Stewart. Bruggia-Mattenci described a positive case in 1887. In view of the rarity of such a paralysis the following case demonstrated before the Transvaal Medical Society on December 21 may be of interest:

A man, aged 30, with a specific history came to the hospital in November, 1911. A few days previously he had felt his speech somewhat affected. Swallowing and mastication became embarrassed. In twelve hours these symptoms were greatly increased. There was also some weakness in the legs and an inability to walk. Consciousness was never lost, the case being obviously one of thrombosis. A month later the writer saw him and found his condition as follows: There was difficulty in eating and speaking. He could not whistle and constantly drooled from the mouth. The tongue lay flaccid on the buccal floor. The whole organ had atrophied—wrinkled longitudinally—showed fibrillar tremors and could not be protruded. The faradic responses were much diminished. On stimulating the hypoglossal above and behind the cornu of the hyoid bone, the responses were observed to be equally deficient. The fibrillar movements of the tongue made it difficult to measure exactly the qualitative alterations under galvanism of any given muscle. There was a definite quantitative diminution throughout the whole organ. The point of chief interest was that the orbicularis oris clearly participated in the electrical alterations. There was no affection of the other facial muscles. The ocular muscles were all intact, as were all the remaining cranial nerves. There was no affection of the muscles supplied by the descendens

hypoglossi. The pyramidal tracts were, however, implicated. The gait was spastic, the knee jerks much increased, and ankle clonus could be elicited. On iodides and later mercury and iodides marked improvement resulted in two months. The patient now speaks and eats without much difficulty. The tongue is clean and can be protruded beyond the teeth. Drooling has ceased, although his knee jerks are still somewhat exaggerated; the ankle clonus has disappeared. He walks comfortably with a stick. It is justifiable to predict that a greater measure of improvement will ensue in the course of time.