HEMIPLEGIA WITH PARALYSIS OF THE NECK MUSCLES
FROM A SMALL MYELITIC LESION

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The patient, a woman aged 57 years, was admitted to Dr. Spiller's service at the Philadelphia General Hospital on February 14, 1907. She gave the history of having had two attacks of hemiplegia, one about twelve years previously in which the left side was paralyzed, and one six years previously in which the right side was affected. She had frequently "rheumatic" pain. She had also incontinence of urine. The pupils were unequal, the left being the larger. Iridic reaction was very slow to light and in accommodation, and in the left eye was probably absent. When she came under observation the left upper and lower limbs were very weak. The tendon reflexes were exaggerated. The muscles of the neck were rigid but the head was not retracted. Its voluntary motion was greatly impaired. The woman said she had had pain in the neck about five weeks, but the face was not expressive of pain when the head was at rest.

The paralysis and rigidity of the neck muscles in hemiplegia were remarkable and there was no means of deciding whether they were a part of the hemiplegic symptom-complex or were a complication.

The woman died March 2, 1907.

The right lenticular nucleus was entirely destroyed by an old cyst which extended into the inner capsule and destroyed its anterior limb. The anterior horn of the right lateral ventricle was much enlarged, owing to the destruction of the head of the caudate nucleus. A small cavity was found in the left lenticular nucleus.

In examining the cord with the naked eye what seemed to be a small hemorrhage was found in the left anterior horn at the fourth cervical segment. This area extended through the fourth cervical segment into the third cervical segment but not into the fifth cervical segment. The first and second cervical segments were not obtained.

The microscopical examination gave the following results:

Third Cervical Segment.—The alteration was not confined to any one region, but here and there throughout the section small hemorrhages and swollen axis cylinders were found. The small vessels within the cord had greatly thickened walls. Round cell infiltration was seen within the cord but not within the pia. The nerve cells of the anterior horn were not numerous at this level and those that were present were rounded and had imperfect dendritic processes.

The cord was less severely affected at the fourth cervical segment and was about normal at the fifth cervical segment.

Sections from the middle thoracic region appeared normal. Round cell infiltration was not distinct.

The anterior pyramids in the medulla oblongata and pons stained well by the Weigert method and did not appear to be degenerated, neither was there any round cell infiltration of the pia. The small vessels of the pia had thickened walls.

It was evident from the microscopic examination that the paralysis of the neck muscles was caused by this sharply limited myelitis. A myelitis of so small extent is a very unusual finding.