

A CASE OF INCIPIENT LOCOMOTOR ATAXIA  
AND MONOPLÉGIA FROM FOCAL LESION OF  
THE INTERNAL CAPSULE IN THE SAME  
PATIENT.

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Dr. MORTON PRINCE showed sections of the cord from a case of incipient tabes associated with a monoplegia, the latter being due to a focal lesion (softening) of the internal capsule. There was a history of syphilis. The diagnosis of tabes was based during life chiefly on the presence of laryngeal paralysis and Argyll Robertson pupil, as there was no ataxia, no sensory symptoms (pains or anæsthesia), and the knee-jerk was present. Later, slight strabismus was observed. The sphincters were unaffected. Tracheotomy was necessitated on account of the danger imminent from the laryngeal paralysis. Death was accidental. In the sections of the cord the posterior columns and the posterior nerve roots were moderately but plainly degenerated. The monoplegia was largely limited to the hand (right), which was almost absolutely paralyzed. The arm was slightly affected. Sensation in the hand and arm was unimpaired. At the autopsy a thrombosis from endarteritis had caused a focal softening of the internal capsule, but the exact position in the capsule was not determined.