

scapulo-humeral joint. Besides this, the arm is the seat of a pronounced œdema. On the contrary, the arm skin does not present any cicatrical changes. Finally, in both the patients, the muscular force is considerably decreased, and in the left arm the muscles are quite atrophied.—*La Semaine Médicale*, No. 31, 1892. F. H. P.

A CASE OF SPASTIC HEMIATHETOSIS.

Alexander Koranyi (Centralbl. f. Nervenheilkunde und Psychiatrie) reports such a case, the history of which presents some points of interest. The patient, a young man twenty-two years of age, had, when in his fourth year, a sudden attack of right hemiplegia. Examination showed a remarkable difference in the degree of development in the two sides, especially in the length of the extremities, the left being much longer than the right. The athetoid movements were observed in the right upper and lower extremities. The attitude assumed by the members were of such force that it really constituted a spastic contraction. The corresponding reflexes were much increased. A peculiar condition existed in the course of the nerves of the right extremities. Pressure along the nerve trunks brought on a permanent contraction, which lasted as long as the pressure was kept up, resembling very much a cataleptic condition. Pressure on a single point not only brought on spastic contraction in the immediate muscle, but in others as well. Sometimes on releasing such pressure, it was possible, by voluntary effort, to bring the limb or members into normal position, a fact of which the patient frequently availed himself. The mechanical reaction was very marked. Galvanism had very much the same action on the nerves as had the pressure. The author was convinced that cases of spastic hemiathetosis were not infrequent after spastic infantile hemiplegia, although some cases might originate in a polyencephalitis. B. M.

HEMIATROPHY OF THE FACE.

(Skyme, Brit. Med. Journ., March 26, 1892.) The patient, a girl of seven years, has a good family and personal history, with the exception that her father is rheumatic and her mother is very nervous. When three years of age she got her head jammed in the bars of an

iron gate, with an iron spike pressing under the chin, the head being rotated to the left and looking a little back. There was nothing noticeable resulting from the injury till six months afterward, when a depressed yellowish seam was apparent on the cheek below the left eye, the lower teeth began to fall out, the cheek to fall in, the atrophy implicating the skin, subcutaneous tissue, and muscles, and the upper and lower jaw of the right half of the face. There is no loss of hair or change in its color. Right half of tongue is atrophied and points to affected side when protruded. Taste and sensation are unaffected, no change in the electrical reaction of the muscles or their voluntary control, but on the application of the electrodes there is a vaso motor change in the shape of marked flushing. The child suffers from migraine; but whether or not the child was a sufferer from migraine before the receipt of the injury, the writer does not say, so it is not possible to properly interpret the relation between it and the hemiatrophy.

J. C.

HEREDITARY ATAXIA.

Dr. Loogaard, of Christiania, describes three cases of hereditary ataxia in three children of the same family, which came under his observation. The hereditary origin of the disease was unmistakable, without any cause being discovered in either the parents or the relatives. In none of them was a deficient development to be found. The disease had appeared acutely in the 8-14th year, and without any apparent cause. It began with a light feverish symptom and very little pain, to rapidly pass over into the progressive chronic form. Ataxia is the most prominent symptom. Two of the patients pass the day in a chair, the other crawls about still, dragging himself around like a drunken man. Besides the ordinary spinal ataxia, with impossibility of reckoning the force and measure of movement, there is also an inclination to the cerebellar form, there being an absolute loss of equilibrium in the two oldest, the youngest walking in a zigzag manner. But besides these two peculiarities of movement, and the undoubted spastic gait, in at rest the tonus of the muscles is good and even somewhat increased. This is explained by implication of the pyramidal paths. The opposite holds true of *tabes dorsalis*. In one of the patients, a male, there is a slight inclination to club-foot. The muscular sense, on applying the