

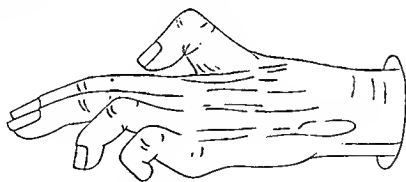
ulnar side is more markedly so. The little and ring fingers are drawn up, the index and middle fingers comparatively straight. The interossei and thenar muscles are wasted. The thumb is fixed in a position of flexion, although some flexion is possible and opposition is unaffected. Adduction is impossible. Flexion and extension of the fingers and wrist are unaffected. The interossei and thenar muscles show no reaction to faradism or galvanism. There is no fibrillary twitching, and no history of this symptom having existed. There is a slight tenderness over the ulnar nerve at the elbow.

A diagnosis of probable neuritis was made, and a guarded prognosis given as regards recovery; but the chances were stated to be against progression, though not with confidence, on account of the resemblance of the case to progressive muscular atrophy. The patient was put upon nux vomica, and galvanism was applied. The treatment was discontinued, however, on account of the disappearance of the patient.

The second case was seen not long after, and its duration seemed to establish the prognosis of these cases with sufficient certainty to render this contribution a practical one to the clinician, in one respect at least.

CASE II.—M. O'D., about sixty years of age, was referred to the Neurological Department of the Massachusetts General Hospital, where he was seen by both the writers. He has worked in brass thirty-eight years, at an average of ten hours a day, having been employed most of the time at the lathe, although he has also been out jobbing.

He first noticed the trouble fifteen years ago; it reached its maximum in four months, and has remained stationary ever since. He first noticed difficulty in using the thumb of the left hand; then the ring and little fingers became bent, and could not be straightened. At first there was a slight pricking and tingling in the little finger and a dull ache and tired feeling in the ulnar side of the forearm. The latter sensation has persisted up to the present time, although the paresthesia has disappeared.



Examination shows a slight tenderness over the ulnar nerve at the elbow, pressure upon which point sends a pricking into the little finger. The lightest touch is everywhere felt, though the sensation produced seems to him a little unnatural—"tingly"—over the region supplied by the ulnar nerve. All the interossei and thenar muscles are atrophied, and have lost electrical excitability, excepting that of the opponens pollicis. The hypothenar muscles are wasted, and have lost their electrical excitability. The little and ring fingers are in a state of flexure, most

marked in the little finger. The first and middle fingers are comparatively straight, though they cannot be moved from side to side by the interossei. Flexion and opposition are the only movements possible in the thumb.

The accompanying illustration, drawn from the second case, represents fairly the left hand in each of these cases, and is seen to be practically that of ulnar paralysis. No treatment was advised, on account of the long standing of the case.

It would seem that these cases fall rather under the head of neuritis than under any other class.

The first of the two patients worked almost altogether at the lathe, and the second worked there a great part of the time, though he also did jobbing work outside.

Judging by the constrained position of the left hand in using the lathe, as illustrated by both patients, it seems probable that this is the part of the work at fault. It is certainly improbable that the metal worked upon has any bearing upon this affection in a toxic manner, especially as the trouble is purely limited to the left hand. Whether the fault lies simply in overstrain of the interossei and lumbricales or in neuritis set up by the muscular pressure exercised on the ulnar nerve when put upon the stretch by the flexion of the elbow, it is hard to say. If the former alone, it would seem that all should be affected and the hand assume rather the typical claw shape common in progressive muscular atrophy, instead of the first two fingers being straight, as in ulnar paralysis, through the exemption of the first two lumbricales, supplied by the median. The atrophy is too marked to admit of its classification under occupation neuroses. Its course would seem to be to reach a maximum in about four months, but to progress no further.

Whether this affection is allied to the multiple neuritis (probably toxic) among brass-workers, reported by Suckling,¹ is questionable.

THREE CASES OF TRAUMATIC HYSTERICAL PARALYSIS, OF TWENTY-NINE, TWENTY-EIGHT, AND TWENTY-NINE YEARS' DURATION RESPECTIVELY IN MALES.

A CONTRIBUTION TO THE PROGNOSIS IN TRAUMATIC NEUROSES.

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HOWEVER much opinions may differ amongst neurologists regarding the nature of traumatic neuroses, still greater difference of opinion exists concerning the prognosis in such affections. While some believe that

¹ British Medical Journal, December 15, 1888.