

inwards at the shoulder, extended at the elbow, completely pronated, flexed at the wrist, the fingers being extended and in such a position that they form a cone with the middle finger in front and the thumb in the palm. The palm of the hand looks backwards and outwards. At the same time the trunk is rotated towards the stimulated arm, the opposite arm is adducted and rotated *outwards* at the shoulder, and slightly flexed at the elbow, while both lower limbs are extended, the ipsilateral more than the contralateral limb. The new posture is maintained for some seconds, though the exciting stimulus is brief, and then the body and limbs slowly assume their position of rest.

Sensation: All aspects of sensation are affected in the arms, trunk and lower limbs. Recognition of changes in posture, and of size, shape and form are grossly defective, especially in the hands and feet.

Bladder and rectum: He has almost complete control over the functions of the bladder. He still requires to take laxatives every day.

An Unusual Case of Complete Bilateral Spastic Paralysis of Face, Jaw, Tongue and Larynx, following an Acute Illness.

By JAMES COLLIER, M.D.

W. B., A GIRL, aged 10, was in every way healthy and normal until 6 years of age, when she is said to have contracted scarlet fever. Three weeks later, when convalescent from the scarlet fever, she is said to have acquired meningitis, the symptoms of which consisted in her developing a squint and becoming unconscious, and lying semiconscious for three weeks. Her limbs were not paralysed during this time. She has never been able to speak nor to move her face voluntarily, nor to eat nor swallow naturally since regaining consciousness. She is a very intelligent child and she writes well. With the exception that there is slight perversity of movement in the use of the fingers (she constantly uses the middle finger of both hands instead of the index finger for acts involving approximation with the thumb), the condition of the limbs and trunk are in every way normal. The ocular movements are normal, and are performed at command. With the exception of retraction of the angles of the mouth, there is no volitional movement of the face, jaw, tongue or larynx. The face is in spasm, as shown by the frowning expression and the retraction of the angles of the mouth.

The teeth are tightly clenched, with occasionally a little audible grinding, and the masseters are in spasm. There is much dribbling of saliva, which she circumvents with her handkerchief, so as to keep herself quite clean. She feeds by pressing soft food into her cheek with her finger, closing the oral aperture with the hand and squeezing it through the teeth by the pressure of her fingers upon the cheek. The reflex movement of the eyelids is normal. Reflex swallowing is normal. The emotional movements of the face in smiling and crying are normal, and during these movements only is the mouth opened, and it is then opened widely. The associated movements of the face on effort are normal. She makes no attempt at articulation. She has recently begun to use a slight laryngeal grunt as a query and as an affirmative.