

CONCERNING INJURIES FROM ACCIDENTS AND MUSCULAR ATROPHY,
With Remarks on the Laws relating to Legal Recompense after
Accidents. (Berliner klinische Wochenschrift, No. 12, 1897.)
By F. Jolly.

The patient's left arm was torn away near the head of the humerus, but the wound healed without difficulty. The man was afterward employed in cleaning machinery, and was obliged to lift heavy weights with his right arm. About two years after the accident he was forced on account of atrophy of the muscles of the right shoulder, to seek other employment. The deltoid was much wasted, and abduction and elevation of the arm were impossible, and reaction of degeneration was also noticed in this muscle. The right supraspinatus muscle was affected. Fibrillary contractions were observed in the deltoid, trapezius, biceps and triceps. The deformities, which existed in the lower extremities were attributed to anterior poliomyelitis, and to an accident which occurred in childhood. It is very probable that the atrophy in the right shoulder was due, at least indirectly, to the loss of the left arm, and possibly to overwork. It is not improbable that the muscles of the right arm were predisposed to degenerative atrophy on account of the anterior poliomyelitis, although no alterations had been observed in this limb before the accident. In the atrophic area and somewhat beyond this, sensation was much affected, especially for pain and temperature. It is possible that the tearing away of the arm may have caused small hemorrhages in the cord, though as the patient had had hysterical convulsions, the anæsthesia may have been hysterical. The balance of the paper is devoted to the subject of legal recompense after accidents.

SPILLER.

ABOLITION OF THE REFLEX OF THE TENDON OF ACHILLES IN SCIATICA.

J. Babinsky (Gazette des Hôpitaux, No. 100, 1896) shows that in healthy individuals the tendon reflex of the Achilles tendon is normal, while in disturbances of the sciatic nerve the reflex is either abolished or greatly diminished. He found this phenomenon not only in cases of intense sciatica with marked muscular atrophy (sciatic neuritis), but also in the lighter forms of ischialgia, designated sciatic neuralgia.

The author refers to two cases where the difference between the behavior of the Achilles tendon reflex on the sound side and the affected side was very conspicuous, being totally abolished on the affected side, while on the unaffected side it was normal. This sign, the author concludes, is a valuable diagnostic aid; it indicates the existence of some organic change in the nerve, and excludes the hypothesis of simulation, also aids in differentiating between a true and an hysterical sciatica. In the latter, according to Babinsky, the symptom would be wanting.

KRAUSS.

PROGRESSIVE, MULTIPLE, LOCALIZED NEURITIS (Mononeuritis Multiplex). (Deutsche medicinische Wochenschrift, No. 5, 1897.)
By E. Remak.

Prof. Remak reports the case of a type-setter with amyotrophic paresis and reaction of degeneration in the muscles innervated by the left ulnar nerve. The man had never suffered from lead poisoning. Improvement was noticed after the use of the galvanic current. The patient began to have difficulty in raising his right thigh, and paræsthesia in this part three months after the beginning of the paralysis in the upper limb. A localized, peripheral neuritis developed in the motor nerves of the iliopsoas muscle and in the anterior crural and obturator nerves. These nerves come from the third and fourth roots of the lumbar plexus. The process was shown to be a peripheral one