

Hoffmann reports three cases of occupation paresis in the lower limbs due to cramped position. In all three cases the muscles supplied by the left peroneal and posterior tibial nerves were affected, although the muscles of the right leg did not always escape. The cause was probably pressure upon the nerves.

A case of Thomsen's disease is reported in which atrophy of the flexors of the forearms and of the small hand muscles was noticed. This was attributed to neuritis. Hoffmann regards the disease as a primary myopathy (Erb, Dejerine and Sottas).

Hoffmann relates the history of a case in which tetany developed three days after almost total removal of the thyroid gland. In three weeks the symptoms were much improved. After three months, however, they returned with indications of myxœdema. Myotonic reaction was noted in the muscles. The contractions of the muscles to voluntary innervation, electrical or mechanical irritation, was like that seen in Thomsen's disease, except that they did not yield even after a number of voluntary movements. The tetany, Thomsen's disease and myxœdema in this case, Hoffmann regards as the results of removal of the thyroid gland. The patient's condition was better in warmer weather. Marked improvement was obtained by giving thyreoidin, at first 0.1 daily.

Hoffmann reports a second case of tetany following almost total extirpation of the thyroid gland. SPILLER.

A CASE OF LESION OF THE TRACTUS OPTICUS AND OF THE PEDUNCLE.

By Dr. A. Mahaim. *Journal de Neurologie et d' Hypnologie*, No. 10.

The case concerns a man of 21 years with a marked family history of tuberculosis on both sides.

Three years ago the patient first noticed that his sight got worse; this weakness of sight increased gradually more and more. In summer 1894 began to have difficulty in flexing the fingers of his right hand; at the same time the right leg felt heavy and could not be moved as well as the left. This hemiparesis also increased. On January 20, 1896, suddenly taken with violent headache, diffuse, more intense in front than in the occiput; on the same day vomiting several times. On January 21, in a soporous condition.

After temporary remission these symptoms returned with full intensity for one week, then after a new remission, again for three days; but never loss of consciousness. The 13th of February, able to leave the room, sight was very weak, had diplopia which disappeared in a few days, the right arm and leg were contractured and could be moved only with difficulty.

From February until the end March had again—about once a week—attacks of headache with vomitings and somnolence lasting several hours. These attacks gradually lessened in intensity. At that time M. found the following:

Stat. præ: Hemiplegia with contractures, on right side. Right homonymous hemianopsia, reaching to median meridians in both eyes. Visions 5-5 and 5-6 respectively. There is hardly any pupillary response when the light falls only on the left halves of the retina. Deviations of tongue to the right. Otherwise, aside from the right facial paresis, no disturbances in the innervations of the cranial nerves. Sensation normal everywhere.

M. makes the diagnosis of a lesion, probably tubercle of the basis, compressing first the left optic tract, then the peduncle. The points which speak in favor of such localization are the hemiopic pupillary reaction with right hemianopsia, the hemiplegia, or rather hemiparesis, and absence of sensory disturbances, especially of semi-anesthesia. ONUF.