

lowing reasons: The small number of muscles affected, the strong contractions in the muscles of the buttocks and the involvement of the diaphragm, these, he thinks, bespeak paramyoclonus. The contractions in the muscles are intermittent, and do not occur in the muscles of both sides at the same time. Other arguments advanced are that hereditary chorea rarely shows itself at such an early age (sixteen), and that the patient has improved under treatment. The frequency of the muscular contractions change with the condition of the patient: this does not occur in hereditary chorea.

At the same time the author believes that paramyoclonus multiplex has much in common with hereditary chorea. It is probable that a good many readers of Gucci will not be convinced that the case is not really one of Huntington's chorea. J. C.

Paralysis of the Diaphragm in a Case of Tabes Dorsalis.—Gerhardt (Berlin Klin Wochenscher, No. 16, p. 369, 1893).

The author remarks that paralysis of the diaphragm has been known to occur with progressive muscular atrophy; the palsy of lead poisoning, hysteria and diphtheria; from alcoholic multiple, neuritis, and from pressure by new growths on the phrenic nerve. The case of posterior spinal sclerosis, which he describes, was that of a woman forty-five years old, who, when a young girl, had a series of unfortunate catastrophes. At sixteen she suffered from carbon monoxid poisoning; then from typhoid fever, then from rheumatism, and then at eighteen gave birth to an illegitimate child.

From this time until she was thirty-nine years old, there was nothing pertinent, except that in the years subsequent to her marriage, she had two miscarriages. The first symptoms of tabes showed themselves after a fright. There were loss of hearing in left ear, gradual diminution of vision, gradually increasing static and locomotor ataxia, fulgyrating pains, heaviness of the extremities, and finally paroxysms of dyspnoea. All the pathognomonic signs of posterior spinal sclerosis were present, and in addition there was complete analgesia of the body as high up as the nipple. Wasting of the muscles of the neck and of the left half of the tongue were also noticeable. During ordinary respiration the margin of the diaphragm reached to the level of the sixth rib in the line of the nipples. There was no respiratory move-

ment in the epigastrium. When the back was strongly arched and patient made an effort of forcible inspiration, the base of the chest and the epigastrium expanded appreciably. All the movements of the diaphragm could be prevented by gentle pressure of the hand upon the epigastrium. The application of the faradic current to the phrenic nerve gave no response. J. C.

Amyotrophic Lateral Sclerosis, or Hysterical Amyotrophy.—Charcot (Archives de Neurologie, March and April, 1893).

Charcot has recently called attention to a very interesting case, in which a positive diagnosis was impossible. The case in brief is as follows: Male, 31 years old; of marked neuropathic inheritancy. On the paternal side, his father was fiery and hot-headed; the patient, while a boy, had received a severe fright. An uncle was a habitual megalomaniac. An aunt was subject to hysterical attacks. On the maternal side, of the mother herself there was nothing noteworthy. Two first cousins are subject to tic, and one first cousin is hysterical. A sister of the patient has had hysterical attacks for two years. The patient himself, when a child, suffered from *pavor nocturnus*. In one of these attacks his terror was most extreme, and it did not disappear with the recovery of consciousness. After this he had attacks of somnambulism, and about the eleventh year, an attack of chorea. He was, while serving as a soldier, suspected to be syphilitic, but there is no evidence for believing that he was ever infected. He was a very conscientious man, and in his early manhood, being unable to discharge some financial obligation which he had incurred, he suffered an attack of prolonged chagrin and melancholy. He was unaware that his bodily health and conformation were not entirely normal till one day, while taking a bath, he noticed that the left leg was much smaller than the other. That same day, in the evening, while showing his leg to his brother, he had two nervous crises (hysterical). Eighteen days later he entered the Salpetriere. On examination it was seen that the entire left lower extremity was much atrophied, the hip and thigh relatively less atrophied, however, than the lower portion of the leg. The difference in circumference between the two legs varied from four to seven centimetres. The muscles of the right shoulder, particularly the deltoid and supra-spinatus, are likewise atrophied, but to a much less degree than those of the left lower extremity. Electrical examination of the af-