

Erb<sup>5</sup> finds 80 per cent. of his 200 tabetic patients to have had syphilis, while this was the case with only 23 per cent. of 1,500 other patients who attended his clinic. Fournier thinks it is present in 93 per cent., Voigt in 81 per cent., and Seguin<sup>6</sup> finds it in over 50 per cent.

I think it can be fairly claimed that the unusual frequency of a syphilitic history among progressive paretics, the great comparative infrequencies of progressive paresis in certain regions where syphilis is not prevalent, though the statistics are not sufficiently accurate to give this argument great weight, the exceptional instances in which progressive paresis apparently follows the syphilis communicated from one person to another, and the inferences drawn from its analogy with locomotor ataxia, make it in the highest degree probable that syphilis is the most prominent factor in the etiology of progressive paresis.

And though I cannot say, as Erb does, of *tabes dorsalis*, that the man who has never had syphilis need not fear progressive paresis, it is my belief that he enjoys three times better chance of immunity than the one who has suffered from it.

Not in that the nervous disease is a part of the syphilitic process, as a gummy tumor is, but in that syphilis, having passed through all its stages and possibly having become entirely extinct, leaves the nervous centres prone to take on the new pathological process, the nervous disease finding a congenial habitat in the region devastated by previous syphilis. I think this in spite of the observations of Fournier and others that it is the untreated or inadequately treated syphilis which is followed by nervous disease, as it seems no less reasonable to suppose that the unchecked primary disease works greater devastation and is therefore more likely to be followed by nervous degeneration than to consider the secondary disease proof of the continued activity of the specific poison.

If it is a fact that progressive paresis follows syphilis as a result and in no sense as a symptom of the disease, it would have an important bearing upon therapeutical treatment, and it is concerning this that I especially desire to hear the opinions of the members of this association.

General medical text books and college lecturers with great unanimity claim that there is a vast amount of insanity due to tertiary syphilis, which only needs the iodide of potassium for its alleviation. This is fairly shown in a lecture by Prof. H. R. Wood, reported in the BOSTON MEDICAL AND SURGICAL JOURNAL, January 10, 1884.

He speaks of cases that cannot be distinguished from paretics and says, "formerly when I took charge of a case of specific disease of the brain (and he evidently considers antecedent syphilis presumptive proof then that brain disease is specific), I always gave a favorable prognosis, but experience has shown me that sometimes such prognoses are not realized," and again, "the fact that insanity, palsy or headache have a syphilitic origin makes them much more amenable to treatment than if they were due to other causes."

Kiernan<sup>7</sup> says the value of anti-syphilitic treatment in progressive paresis will depend upon the stage at which the syphilis is found, and in no case is it contraindicated.

Having started hospital practice with this belief and

<sup>5</sup> American Journal Medical Sciences, January, 1884.

<sup>6</sup> Archives Medicine, August, 1884.

<sup>7</sup> Alienist and Neurologist, July, 1883.

having given a very large amount of anti-syphilitic remedies, my experience makes me decidedly less hopeful. I am forced to say that I have never seen a case in which I believe that *positive* symptoms of insanity, occurring after syphilis had reached the tertiary stage, were removed or alleviated by anti-syphilitic treatment.

Therefore, when a patient with symptoms indicating progressive paresis has a history of previous syphilis, I think he is more likely to have paresis without being more likely to recover from it; and in my experience, active treatment by mercury or iodide of potassium usually has a debilitating and injurious effect. The same is true of all forms of mental disease which are not *preceded* by severe headaches, paralysis of limited groups of muscles, or localized disorder of sensation, that is, by symptoms indicating a circumscribed new growth. When such symptoms exist, the frequent efficacy of adequate anti-syphilitic treatment is unquestionable, and I have no doubt that mental disease can be averted by its employment.

I may add also, that in a recent trip abroad, I took occasion to inquire the experience of some of the best authorities<sup>8</sup> in England, France and Germany, and was somewhat surprised to see the unanimity with which they said that they had ceased to expect cure of mental symptoms through anti-syphilitic treatment. Among those whom I have consulted in this country, however, I have found much difference of opinion.

#### A CASE OF PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS.<sup>1</sup>

BY PHILIP COOMBS KNAPP, A.M., M.D., (HARVARD),

Assistant Physician to Out-Patients with Diseases of the Nervous System, Boston City Hospital.

THE patient, a boy of six, was born in Boston, of German parentage. He was sent to the Boston City Hospital, September 21st, by Dr. Broughton, of Jamaica Plain, from whom, and from the boy's parents, the following history was obtained.

**FAMILY HISTORY:** A full history of his father's family was not obtained; on his mother's side two cases of phthisis were reported, but no evidence of any neurotic history could be obtained. His parents are healthy. He himself is the youngest of eight living children, the rest of whom are well. Four other children died in infancy of "water on the brain," one also having cholera infantum.

**PREVIOUS HISTORY:** The patient was a very feeble child, too weak to nurse, and had to be brought up on the bottle. During his first year he had diarrhoea much of the time, and seemed very delicate. When he was a year old, he had whooping-cough, attended with severe and frequent convulsions; he had convulsions at intervals for two months, once having seven in one night. After that he recovered, grew stronger, and has seemed healthy ever since, except for his present trouble, and for an illness of two days when he was two years old, "which seemed like water on the brain." When he began to walk, it was noticed that his left leg gave out at times, and he would sometimes fall. His legs were very fat, much fatter proportion-

<sup>1</sup> Read before the section for Clinical Medicine, Pathology and Hygiene of the Suffolk District Medical Society, October 14, 1885.

<sup>8</sup> In reading this paper I gave the names of some of the foreign physicians consulted, but it has seemed to me unwise, without permission, to make them responsible for an opinion in print which they might choose to express in some other form, and I have therefore omitted the names in preparing the paper for printing. W. B. G.

ally than his thighs, but at present his mother thinks the contrast is not so marked.

About a year ago, without any signs of illness, his parents noticed that he had more difficulty in walking. The trouble came on very slowly and gradually. He could not walk as well, and when out with other children it was noticed that he could not run, and that a very slight push would knock him down. If he walked much he had a tired feeling in his legs, but he never had any pains in them, nor any peculiar sensations. The family for some time have laughed at him for "sticking his belly out" as he walks and stands. He has not been able to go up stairs well; when he does so, he pulls himself up by the banisters or takes hold of his knees, having much difficulty in getting up. He puts the left foot first, they say, in going up stairs, and the right in coming down, the right leg seeming weaker. He never has headache, and sleeps well nights. He is quick-witted, good-natured and always happy; he answers questions readily, without any impairment of articulation, and seems more than ordinarily intelligent. He has not been to school yet, partly from his difficulty in locomotion, and partly for fear that the larger boys will knock him down and hurt him. He has never had any serious cough, nor any dyspnoea or palpitation. He has a good appetite, eats everything, and has no trouble from indigestion; his bowels are regular. He has no difficulty with micturition.

**PRESENT CONDITION.**—The child is of medium size, fairly developed, not very well nourished. The skin is pale and translucent, the subcutaneous veins are quite apparent. There is no eruption or marbling of the skin. The head is rather large and square. The pupils are of medium size and react well to light; the eyes were examined by Dr. Wadsworth and the discs were pronounced normal. The eyes, face, lips and tongue move naturally. The tongue was clean. Examination of the chest was negative. There was no impairment of tactile sensation. There were no signs of vaso-motor disturbance in the skin, which showed no special differences of temperature to the hand in various parts. There was no ataxia in the movements of the hands. The patellar reflex was absent, and there was no ankle clonus; plantar, abdominal, and epigastric reflexes present. No tenderness over the spine or nerve-trunks.

There was no very great hypertrophy of any group of muscles. The facial muscles showed no marked atrophy or enlargement, and he could move them without difficulty; the expression of the face, however, was very peculiar, the eyebrows were elevated, the eyes staring and prominent, the mouth often a little open, the lines of the face were not marked, and there was but little play of expression. His father, however, had noticed no change in this respect. The muscular development of the upper part of the body was rather poor. The arms were small, but there was no atrophy or hypertrophy that would strike the eye. The latissimus dorsi and pectorals were poorly developed, yet corresponded fairly to the other muscles. The infra-spinatus muscle filled the infra-spinous fossa completely, but did not feel hard. The deltoid felt rather firmer than some of the other muscles, the triceps was of good size and decidedly harder than the biceps, the muscles of the fore-arm were also firm. There was no atrophy of the thenar muscles. The glutei were unduly prominent. The thighs were

small, the quadriceps felt flabby. The calves were large and very hard and firm. Although the calves were not unduly enlarged for a healthy boy of his years, they were much enlarged in proportion to the other muscles. Circumference of the thigh in the largest part, 10 inches, of the calves, 8½ inches.

The child stands with his feet well apart, his shoulders back, his abdomen very prominent, his arms semi-flexed, abducted, and carried a little backward. His scapulæ stand out in a wing-like fashion from the chest wall. A plumb-line dropped from the spinous processes between the scapulæ, clears the sacrum, but not the buttocks, as he stands erect. His gait is decidedly waddling, especially when he runs. His grasp is not very strong, but it is fair for his years. His arms show no special loss of strength. When he stoops over to pick up anything, he has much difficulty in straightening up again, and usually helps himself by putting his hands on his knees and throwing his body back, although he does not climb up his thighs much. When he is put on his back and told to get up, he first rolls over on his belly, then he lifts himself up on his hands, straightens his legs, walks up to his hands, then he gets hold of his knees, pushes himself up, and throws his body back in precisely the manner depicted by Gowers. He cannot bend his knees and rise up again, and, if he stands on one leg and a forcible attempt is made to bend the knee, he goes down in a heap. He also goes down suddenly when he attempts to sit. His favorite way of going up stairs is to creep up on his hands and knees; if told to walk up, he prefers to get hold of the banisters and pull himself along. If made to go up without taking hold of anything, he has very great difficulty, even with stairs of a very slight rise, and sometimes he requires help. He always puts his left foot up first and pushes himself up by his knees. If told to put the right foot first, he has much more difficulty, and often fails entirely to get up. He can rise up on his toes very well, even on one foot, and he can bring his heels squarely to the ground. Dorsal flexion of the foot is not quite so complete as normal, but it is impossible to say whether it is due to a weakness of the flexor groups or to a slight contraction of the gastrocnemii.

An electrical examination was made by the induced current, but it caused so much pain that a complete and careful examination was not made. The deltoid, biceps and extensors of the arm react feebly to a tolerably strong current. The gastrocnemii and glutei react to a painful current, the full strength of a Fleming and Talbot battery, freshly filled. The tibialis anticus reacts very little, if at all, but the pain of the application made the child so restless that it was impossible to observe the reaction carefully. The quadriceps showed absolutely no reaction to the strongest current.

The boy has been given cod liver oil and syrup of the iodide of iron, and directed to come to the outpatient department three times a week to have faradism applied.

—A new journal, called *The Medical Press* of western New York has appeared in its first issue. It is published at Buffalo, and has a large number of stockholders among the resident medical profession. It is edited by Dr. Roswell Park.