

for comparing these drawings with the originals enables the present writer to speak to their marvellous accuracy. Professor Dejerine has done wisely to prefer this method of illustration to the false precision of photography.

Its author and his distinguished collaborateur, Madame Dejerine-Klumpke, are to be congratulated on the production of such an exhaustive work, which, in the writer's opinion, is destined to become the classic on the subject. It ought to form part of the equipment of every neurological and anatomical laboratory.

ALEXANDER BRUCE.

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*La Forme Spasmodique de la Syringomyélie, la névrite ascendante et le traumatisme dans l'étiologie de la syringomyélie.* Par le DR. GEORGES GUILLAIN. (Published by G. Steinheil, 2, Rue Casimir-Delavigne, Paris, 1902.)

THE first portion of this work deals with a form of syringomyelia which the author considers has special claim to be recognised as a definite type and to which the adjective spastic has been attached. But although this spastic form of syringomyelia with its clinical features has not been described, the author fully recognises that certain spastic phenomena have not escaped the attention of neurologists.

Critzman describes this form of syringomyelia as resembling amyotrophic lateral sclerosis and other authors have described similar cases, but although the condition has been recognised pathologically, yet authors have not associated it with a definite clinical picture.

Five cases of this form are described with an autopsy and pathological investigation in two. The general attitude assumed by these patients is very characteristic: the arms hang parallel with the trunk, the fore-arm more or less flexed on the upper arm, the hand held in front of the pubis; the shoulders are raised, pushed somewhat forward; the head inclined forward. The external border of the trapezius often stands out very markedly and the supra-clavicular fossæ are deep; the whole attitude suggests

one of rigidity and is similar to that seen in paralysis agitans. Special attention is directed to the position of the hand, which is said to resemble that assumed by the preacher. The hand is dorsi flexed on the fore-arm, the three last fingers flexed into the palm of the hand while the index finger is more extended.

If, in association with the position above described, there is very marked loss of power in the upper and lower limbs with exaggerated reflexes and thermo-anæsthesia, the diagnosis of the spastic form of syringomyelia is clear.

The author discusses the differential diagnosis from amyotrophic lateral sclerosis, from fracture dislocation, from caries or cancer of the vertebræ. He does not consider that a differential diagnosis can be established between a cervical pachymeningitis and the spastic form of syringomyelia, for the two conditions may be present at the same time and due to the same cause.

The diagnosis from syphilitic myelitis is fully discussed and especial emphasis is placed upon the points to which Marie has called attention. It is, however, rare to find a syphilitic meningo-myelitis in the cervical region.

Chapter VI. is devoted to pathological anatomy and figures and detailed description are given of the spinal cord in two cases. The degeneration of the crossed pyramidal tracts is very marked. The affection of the cord is most marked in the cervical region and here the posterior columns are almost completely destroyed.

The author, therefore, considers that both from a clinical and pathological standpoint, a spastic form of syringomyelia may with justice be described.

The second portion of the paper deals with the part played by an ascending neuritis and traumatism in the etiology of syringomyelia—for it may be said that although the symptoms and pathological anatomy are relatively well-known, the etiology of the disease is practically unknown.

The author expresses the opinion that affection of the spinal cord may take place by way of the peripheral nerves—*i.e.*, an ascending neuritis may cause a syringomyelia, and also that traumatism plays an important part in the origin and course of certain cases of syringomyelia.

With regard to the effect of ascending neurites, the following case is recorded: A man, aged 29, previously healthy, pricked his left hand, and an abscess developed. During the following year, progressive muscular atrophy of the hand, forearm, and arm developed. When 37 years old, he was examined by Madam Dejerine-Klumpke, who at that time found muscular atrophy of

the hand, forearm, arm, and shoulder, with alteration of sensibility to pain, and temperature in the hand and forearm. Twelve years later he was again examined, and at that time there was marked scoliosis, deformity of the thorax, atrophy of the hand, forearm, arm, and left shoulder, with trophic changes in the skin, and there was thermo-anæsthesia not only of both upper arms, but also of the trunk. The diagnosis of syringomyelia seemed certain, and in considering the various phases of the affection, how, little by little, the neuritis, secondary to the suppuration in the hand, ascended to the brachial plexus and to the spinal cord, it may with reason be suggested that a syringomyelia was thus developed.

There is in this case a typical example of the propagation to the cord of the inflammatory process by way of the peripheral nerves.

Numerous other cases reported by various authors are cited, proving the same point—viz., that syringomyelia may follow on peripheral injury. Some experimental evidence is then quoted, which is by no means so convincing as the clinical observations.

Siesler applied caustic to the sciatic nerve producing a complete paralysis, which terminated in the death of the animal, and at the autopsy a focus of inflammation was found at the point of emergence of the sciatic. A. Marie has shown that if a certain dose of tetanus toxine be injected into the sciatic nerve of an animal, a fatal result ensues, while, if previous to the injection of a similar dose of tetanus toxine, the nerve be divided, the fatal result does not occur.

The lymphatic circulation of the peripheral nerves is distinct from that of the surrounding tissue, and it seems to be well founded that there is a close anatomical connection between the lymphatic circulation of the nerve and that of the cord, and this explains the possibility of an infection of the cord by way of the peripheral nerves, and the author considers that he has demonstrated the possibility of a syringomyelia following on a peripheral infection.

Passing to the second etiological factor—viz., the effect of injury in the production of syringomyelia, numerous cases are quoted in which symptoms developed, as a direct effect of some traumatism.

The important work of Minor, who has shown that syringomyelia may follow on a hæmatomyelia is referred to, and also that of Van Giesson, who has given the name "hæmatomyelopore" to those cases with cavities of traumatic origin, in

which the symptoms are of sudden onset, and remain stationary, whereas in syringomyelia the symptoms develop slowly and are progressive.

The author believes that traumatism is a frequent cause of syringomyelia, but all cases of hæmatomeylia do not become cases of syringomyelia.

The question whether syringomyelia may be due to some obstetrical injury is next dealt with, and evidence is brought forward showing that the condition not infrequently occurs with difficult labour; but although the seat of this lesion and syringomyelia tends to be the same—viz., the cervical region, it cannot be asserted that such birth injuries are the cause of syringomyelia in later life. The presence of blood pigment in the wall of the cavity does not necessarily prove that the cavity is of hæmorrhagic origin, for hæmorrhage may occur into a syringomyelic cavity.

The author believes that the rôle which traumatism plays in the production of syringomyelia in some cases is as clear as the part played by ascending neuritis in the production of syringomyelia in others; and these conclusions are not only of theoretical interest, but have a very real importance from a medico-legal point of view.

FREDERICK E. BATTEN.

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*A Text-book of Insanity.* By CHARLES MERCIER. (London: Swan Sonnenschein, 1902. Small 8vo, 6s.)

THIS book presents the usual characteristics of Dr. Mercier's work, keenness and originality of thought, closeness of reasoning, and perfect clearness of style. The distinction which the author always shows is present here in full measure. Coming as it does immediately after his longer work, "Psychology, Normal and Morbid," we expect it to be a practical supplement to that work. In the preface we are told that this little book is intended for students whose guides in this subject have hitherto been too bulky and voluminous. "Moreover," says the author, "I was anxious to put forward the distinction that I have drawn in this book between forms of insanity and varieties of insanity, a distinction which, I think, goes far to solve the difficulties of classification."