

II. SENSORI-MOTOR NEUROLOGY.

3. SPINAL CORD.

Houckgeest, A. Q. van B. ASCENDING AFFECTION OF THE SPINAL CORD. [*Nederland. Tijdschr. v. Geneeskunde*, 1919, October 18, p. 1163.]

A coachman, living unhappily with his wife, with negative blood Wassermann, had for some days in 1917 severe pains in left hand, which was then dark blue. In July, 1918, paresis of right lower limb, chiefly of dorsiflexors and ab- and ad-ductors of foot: equinovarus. On November 25, 1918, examination: Right arm plus jerks; good motor power in hands, but less in right. Feeble, equal abdominal reflexes; knee-jerks plus. No Babinski. Motor power poor in right leg, not good in left. No hypertonia. All cranial nerves normal, except poor hearing, equal. No objective sensory changes. Pharyngeal anesthesia and globus. Slight sciatic pain, specially in left; no Laségue sign. A feeling of pressure of site of exit of sciatic nerve. Patient depressed, but excitable, talkative, and emotional, especially when his wife is mentioned. Electrical diminution (both forms) in right leg. The paresis is flaccid. Treatment as for hysteria did some good at first. Pains in legs went. Two months later flexion of right arm and leg and movement of right foot were almost impossible. The left leg now showed paresis, and also the trunk muscles. Then the right arm improved, relapsed, and then left arm was weak. In May and June, 1919, bulbar symptoms (dyspnoeic attacks and speech disturbances). Death on June 10th, two years after the pain and blueness of left arm and eleven months after onset of right leg paresis. (It is to be noted that the trunk was involved after the arms.) No necropsy. Houckgeest interprets his case as one resembling a chronic Landry; he thinks the most probable cause was arterio-sclerosis of spinal and bulbar arteries. He claims that he has excluded syphilis, infective agencies, polyneuritis, paralysis agitans, amyotrophic lateral sclerosis, spinal muscular atrophy, and chronic anterior poliomyelitis. He thinks the lesion involved the pyramidal path, but admits the absence of hypertonia is against it. [Leonard J. Kidd, London, England.]

Brouwer, B. THE COURSE OF THE LEG-FIBERS IN THE PYRAMIDAL PATH. [*Psychiat. en Neurolog. Bladen*, 1917, No. 2 (9 figs.)].

Brouwer gives a careful description of the course of the leg-fibers at the various levels of the pyramidal path. His material was obtained from a case of thrombotic softening: the patient, a woman, 58, had chronic nephritis: for a year she had headache and palpitation, and became nervous. She then had sudden loss of consciousness, lasting a few hours, followed by an ordinary organic right hemiplegia, with apraxia, but no sensory affection or hemianopia. Everything cleared up except the right leg which remained almost entirely paralyzed till her