ABSTRACTS

SENSORIMOTOR NEUROLOGY.


The patient was an elderly woman of 59, who had suffered for a number of years from jaundice of a more or less chronic kind; some years after its onset she began to develop nervous symptoms—a series of apoplectiform attacks, paresis of one arm, loss of speech, and some unconsciousness characterising these attacks. Involuntary movements also developed with them, and eventually became practically constant and choreiform in type. Enlargement and hypofunction of the liver were clearly diagnosed by various clinical tests, and the spleen also was discovered to be hypertrophied.

At the autopsy the liver was found to be cirrhotic. A complete examination of the central nervous system was made, the following being the chief points of interest: (1) widespread fibre-degeneration with the development of "holes" or "gaps" in the nervous tissues as a sequel. These defects were especially noticeable in the fibre-systems of neostriatum, palæostriatum and mesencephalon; (2) pronounced degeneration of ganglion cells; (3) overgrowth of glia cells, and the presence of many compound granular corpuscles; (4) overgrowth of capillaries. The cortex, especially the frontal cortex, and the nucleus dentatus showed these changes, in addition to the areas already mentioned.

The author inclines to consider his case as an atypical example of hepatolenticular degeneration. It should be remarked that no corneal ring of pigmentation was found. As far as the reviewer has noticed, there is no reference to a Wassermann examination in serum or spinal fluid, although the patient had had three miscarriages.

S. A. K. W.

[ 87 ] Spasmodic torticollis and chronic hepatitis following poisoning by war gasses (Torticollis spasmodique et hépatite chronique, suite d'intoxication par les gaz de combat).—VAN BOGAERT. Jour. de neurology. et de psychiat., 1926, xxv, 92.

VAN BOGAERT showed at the Belgian Society of Neurology a case which is of importance in relation to the borderland of Wilson's disease. The patient was a young man of 32, suffering from torticollis, with slight athetotic movements of the left hand and slight spasms of the muscles of the trunk and left hip and thigh. The spasms began as cramp-like sensations in the neck four or five weeks after gas poisoning in 1918, and at that time, with the bronchitis and conjunctivitis due to the gas, the patient had jaundice.

The jaundice disappeared in the course of two or three months, but the patient began to suffer from periods of dyspepsia occurring at intervals and lasting ten days or so. When he was examined at a hospital in February
1924 it was found that his liver extended two finger-breadths below the costal margin and was hard and tender. In February 1925 a similar enlargement was found, but three days later the liver had become normal in size; later it enlarged again and bile pigments were found in the urine.

One of the patient's sisters died of cirrhosis (presumably hepatic). Van Bogaert was inclined to place this case in a position intermediate between torticollis and torsion spasm. In an addendum he relates that an emerald green circle has been observed at the irido-corneal angle and, though some doubt remains whether it is on the iris or cornea, he is impressed by the resemblance to the ring of some cases of the hepato-lenticular group.

J. P. Martin.


The case reported here was clinically one of slowly progressive wasting of the muscles of the upper limbs and neck, showing in the later stages increased knee-jerks and extensor plantar responses. There were no clinical signs of syphilis, but the Wassermann reactions do not seem to have been tested.

Pathologically, in addition to disappearance of the anterior horn cells in the cervical and dorsal portions of the cord, there was definite degeneration in both pyramidal tracts in the lumbosacral enlargement. The authors note, also, and the illustrations show, degeneration of the margin of the cord at various levels, and there was some meningeal thickening in the dorsal region. From these circumstances and from the clinical characters it seems possible that the case was a syphilitic one.

This report and its title indicate the lack of clinical and pathological names applicable to cases with muscular atrophy, and the difficulty of avoiding the mingling of clinical and pathological terms. The view in this country, we believe, is that most cases of progressive muscular atrophy show post-mortem some changes in the lateral columns; signs of spasticity may or may not appear during life, but if they do appear we should not for that reason give the disease a different name.

J. P. Martin.

[89] Seven cases of a peculiar family disease (Sept cas d’une maladie familiale particulière: troubles de la marche, pieds bots et aréflexie tendineuse généralisée, avec, accessoirement, légère maladresse des mains).—Gustave Roussy and Gabrielle Levy. Rev. neurol., 1926, xlii, 427.

The main features of these cases are the development, as a rule in childhood, of bilateral claw foot with occasional slight wasting of the small muscles of the
hands. In all cases there was complete absence of the tendon jerks. The cutaneous reflexes were variable, the abdominals in some cases present, in some absent, the plantar responses sometimes doubtful, never extensor. Slight nystagmoid jerkings were present in one case. Sphincter control was regarded as imperfect in three cases, but these were all children and the trouble seems to have been confined to bed-wetting. The authors conclude that the disease which they have described is distinct from Friedreich's disease, giving as their reasons the absence of any definite signs of cerebellar or pyramidal affection. They admit a superficial resemblance to the peroneal type of muscular atrophy, but dismiss the possibility of their cases belonging to this group.

C. P. S.

[90] Extensor rigidity following a penetrating wound of both hemispheres.


The patient was a man of 31, who attempted suicide by shooting himself in the head. The bullet entered the cranium just above the right temporal ridge and behind the right coronal suture. It passed transversely across the hemispheres, ranging slightly downward and backward, lying finally in close proximity to the left parietal bone, about one inch below and behind the point corresponding to the wound of entrance. When seen twelve hours later he lay in rigid extension with the head somewhat retracted and the arms pronated and extended.

An operation was performed, at which the right lateral ventricle was found to be filled with bloodstained fluid, but owing to the patient's precarious state no attempt was made to remove the bullet. Seven days later the unconsciousness still continued, the decerebrate attitude being maintained, with slight head retraction, the teeth were clenched, the legs in spastic extension and the feet in plantar flexion, the arms generally rigid in extension, but the flexor position was being assumed at times, with pronation of the forearms. On the eighth day the patient had a tonic extensor fit which was suddenly initiated by retraction of the head and an exaggeration of the decerebrate position. The respirations were embarrassed and laboured.

Three weeks later there were a few signs of returning consciousness. Magnus and de Kleijn tonic neck reflexes were obtained. Fifty-two days after the injury the patient was able to make a peculiar rhythmic inarticulate cry and to move the right fingers and right leg slightly. Six months after the injury he began to improve more rapidly; a year after his condition was one in which residual weakness was found only in the left upper extremity.

In all, the attitude of extension with rigidity was maintained for more than one hundred and twenty days.

J. S. P.
A biological and morphogenetic study of microcephalia vera (Biologisches und Morphogenetisches über die Mikrocephalia vera).—C. v. Monakow. Schweiz. Arch. f. Neurol. u. Psychiat., 1926, xviii, 3. This is a long and minute study of a case of microcephaly; the infant, a male, lived for four months. The weight of the brain was only 25 gm. An elaborate examination of the whole brain was made by the method of serial section. The results are compared with those obtained by investigation of some 13 other cases of microcephaly which the author and his pupils have at one time or another studied.

It is impracticable even to summarise the numerous data of great interest obtained by this fine piece of research; only one or two can be alluded to.

1. In spite of the absolute dwarfing of the cerebral cortex (total amount, eight cubic centimetres) both the pyramidal tracts and the fillet were extremely well myelinated, even overdeveloped; the major part of this miniature cortex consisted of rolandic region (especially the precentral gyrus). The occipital cortex, corpus callosum, frontal lobes, cerebellar hemispheres and grey matter of the pons were all awanting.

2. Thalamus, corpus striatum and connections, regio subthalamica, nuclei of cranial nerves, and cord were all more nearly normal. (A long list is provided of the actual anatomical findings).

3. Clinically, the infant neither laughed nor smiled, and there was little evidence of the existence of an emotional side to its activities. It seemed, when tested with various substances in the mouth, to exhibit the rudiments of a correct affective response (sweet, bitter).

4. The infant was practically without cerebrum and cerebellum, but the phylogenetically old brainstem and cord were relatively normal. In this 'preparation' some instinctive reactions were present and more or less of normal character. While no locomotor or grasping reactions were found, there were general, combined, movements of defence of the whole body.

S. A. K. W.

Examination of the pupil (L'exploration de la pupille).—Rain and Coppez. Jour. de neurol. et de psychiat., 1925, xii, 753.

A concise article on the pupillary reactions of the eye in the normal and pathological states. The authors briefly refer to experimental lesions of the various nerves to the eye and the resulting change in reflex activity. They then pass on to the discussion of the action of various drugs. In the third part of their work various pathological conditions of the pupil and its reflexes are mentioned; and under each section they discuss the possible pathological basis for such changes.

They are to be congratulated on the conciseness of their work. A few references to monographs on the various conditions mentioned in their paper would have enhanced its value.

E. A. C.

The author lays stress on observations of pupil reactions in association with areas of superficial and deep hyperalgesia in painful visceral lesions. He uses the term "pseudo-paradoxical reaction" when one pupil is smaller than the other after a painful lesion while the animal is absolutely quiet, but becomes larger directly the animal is disturbed, excited or hurt. If the viscera involved in the lesion originally obtained its nerve supply from above the tenth thoracic segment the pupil showing the reaction will be homolateral, but if below this segment the reaction will be contralateral.

His conclusions are that the pseudo-paradoxical pupil phenomenon is a reliable physical sign of somatic lesions associated with pain and tenderness. Taken in conjunction with referred (reflected) pain and the associated areas of referred (reflected) hyperalgesia, superficial and deep, it is a reliable corroborative localizing sign of visceral disease. It is a reliable objective sign of pain useful in the detection of malingerers and in the protection of honest victims of negligence injuries.

In the mechanism and significance of reflected pain, areas of deep hyperalgesia have as much or even more significance than areas of superficial hyperalgesia. In practice the exact boundaries and names (numbers) of the areas of superficial hyperalgesia as they occur upon the trunk are of little importance, the main thing being to be able to detect an area which has been shown to be closely related to one or other of the viscera. On the trunk the complete areas of superficial hyperalgesia correspond so closely with the areas of root distribution of the thoracic and lumbar nerves that in practice the two sets of areas may be regarded as more or less coextensive, keeping in mind that the reflected areas of necessity must occur within one or more of the root areas.

In the light of the present studies the areas of reflected pain and hyperalgesia described by Head require revision and amendment.

The Dejerine or Klumpke-Dejerine sign in injuries of the spine about the level of the thoracic-cervical junction needs revaluation. The study of the pupils in association with referred and reflected pain and hyperalgesia should be made an integral part of all routine physical examinations.

R. G. G.


A child of nine years, who had had a severe attack of chickenpox at the age of two, developed herpes zoster (left leg). Before the diagnosis was definitely made and while the boy was not obviously ill he was allowed to go to a children's party. Seventeen days later two of the children who were at that party developed chickenpox, and also a third, a little girl of the same family, who
had in the interim not come in contact with any other children at all. In each instance a pronounced stomatitis aphthosa was remarked. At the same time, an outbreak of herpes labialis with angina herpetica occurred in an institution in the same locality. The author dismisses the possibility of all these clinical phenomena being of the nature of a coincidence and considers they were etiologically connected.

S. A. K. W.


The authors report a case of bilateral seventh cervical root palsy due to birth trauma. The case was one of face presentation, forceps and strong traction being required to effect delivery. The injury was evidently in the roots of the plexus close to their points of exit from the spinal column, and possibly within the spinal canal.

R. M. S.


(1) This paper is based on the observation of twelve cases of lesion of the ulnar nerve among some 330 cases of fracture of the humerus and of other traumata (dislocation at the elbow joint, etc.). The nerve lesion is usually a primary contusion and rapid spontaneous recovery tends to occur. Rarely, a friction or tension ‘neuritis’ ensues, in which case the nerve-trunk should be explored and displaced to a new bed in front of the internal condyle.

(2) In addition, six cases are detailed of late ulnar nerve involvement after fractures. This is a remote sequela of certain fractures of the external condyle sustained in early childhood. The latent period is rarely less than ten years. The neuritis is a friction or tension lesion, predetermined by the existence of a gross cubitus valgus deformity, the nerve-trunk being compelled to take a longer course and becoming stretched like a bow-string in the shallow post-condylar groove. Operative treatment is indicated in all cases, viz., anterior transposition of the nerve, and supracondylar osteotomy.

(3) Finally, six cases of recurring dislocation of the ulnar nerve are recorded. Of the predisposing causes of hypermobility or luxation little is known. The neuritis, when it develops, is a typical friction lesion, with the ultimate formation of a fusiform neuroma. For this group also operative treatment is indicated.

J. S. P.