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Robert Bentley Todd (1809-60) and locomotor ataxia

Dr Todd, who was by far the greatest clinical neurologist Great Britain has produced until the time of Hughlings Jackson, was the first to begin the breaking up of the spinal diseases, at that time all classed as paraplegia, by his discovery of locomotor ataxy as a distinct disease.

James Collier,
Harveian oration 1934

I have elsewhere noted some of the remarkable accomplishments of Robert Bentley Todd (p.315), the Dublin born physician whose life's work was at King's College. Apart from his celebrated *Cyclopaedia* and his depictions of migraine, peripheral neuritis, and post-epileptic paralysis, he provided an important discourse on locomotor ataxy (tabes dorsalis). Gowers observed, "The credit of the discovery of the disease belongs, if to anyone, unquestionably to Todd."¹

Gowers acknowledged the contributions of Stanley Romberg (1851), Russell Reynolds (1855), Sir William Gull (1856), and Duchenne (1858) who coined the name "locomotor ataxy". Todd wrote:

Two kinds of paralysis of motion may be noticed in the lower extremities, the one consisting simply in the impairment or loss of voluntary motion, the other distinguished by a diminution or total loss of the power co-ordinating movement. In the latter form, while considerable voluntary power remains, the patient finds great difficulty in walking and his gait is so tottering and uncertain that his centre of gravity is easily displaced. . . . In two examples of this variety of paralysis I ventured to predict disease of the posterior columns, the diagnosis being founded upon the views of their functions which I now advocate; and this was found to exist on a

post-mortem inspection; and in looking through the accounts of recorded cases in which the posterior columns were the seat of the lesion, all seem to have commenced by evincing more or less disturbance of the locomotive powers, sensation being affected only when the morbid change of structure extended to and more or less involved the posterior roots of the spinal nerves."²

Romberg's more descriptive account (see *J Neurol Neurosurg Psychiatry* 1993;56:51, Romberg's sign) came later:

. . . the sense of touch and muscular sense diminished, while the sensibility of the skin is unaltered in reference to temperature and painful impressions. . . . The gait begins to be insecure. . . . The individual keeps his eyes on his feet to prevent his movements from becoming still more unsteady. *If he is ordered to close his eyes while in the erect posture, he at once commences to totter and swing from side to side; the insecurity of his gait also exhibits itself more in the dark.* . . .

Although the occasional relation to syphilis had been noted previously, Fournier was the first (in 1876) to assert the wide extent of this relation, later confirmed by Gowers,¹ and by Möbius: "*Omnis tabes e lue.*"³

JMS PEARCE
304 Beverley Road,
Anlaby,
Hull HU10 7BG

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- 3 Möbius PJ. Ueber die Tabes, 1897. Cited by Wilson SAK. In: *Neurology*. London: Edward Arnold, 1940:489.