ILLUSTRATIONS OF EXCEPTIONAL SYMPTOMS AND EXAMPLES OF RARE FORMS OF DISEASE.

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VI.—BRACHIOPLEGIA AFTER INJURY TO THE HEAD, WITH FRACTURE OF SKULL.

IN the case of a little boy, whom I saw at the Poplar Hospital, and who was a patient of Mr. Corner's, the symptom of brachiopegia was of much interest. He was an intelligent little fellow, 7 years old. Riding behind a carriage, his head had become engaged in the spokes of the wheel, and much battered. When taken into the hospital, he was quite sensible. There were bleeding from his right ear, and considerable bruising of the scalp, especially on the right side, where there seemed to be some irregularity of bone. He complained that he could not use his arms well, especially the right. During the next few days, large ecchymoses appeared on the conjunctiva of each eyeball, and the weakness of the arms increased. The accident occurred on October 16th. A fortnight after it, Mr. Archibald Andrews, the house-surgeon in charge, in writing to ask me to come and see the patient, stated that both arms were quite helpless, lying in a semiflexed condition. The action of the biceps, he added, was perfect. It was more than three weeks after the accident, and a week after Mr. Andrew's note, when I saw the boy. He had been carefully kept in bed the whole time, and not allowed to try to stand. There had never been any retention, or incontinence of urine, and it was recorded that his pupils had always acted well. It was believed that he had perfect use of his lower extremities from the first; but, it is to be observed, he had never been allowed to try to stand. There had not been, from first to last, any mental symptoms whatever. At the time of my visit, he was intelligent and clear in his answers. His left arm had, when I saw him, considerably recovered. He could move it in all directions, and could grasp with the fingers, though not with natural power. The fingers of the right hand he could only move very feebly, and he could not grasp with them at all. By means of the biceps, he could bend the arm at the elbow, but, once bent, he had not the slightest power of extending it again. He appeared to have scarcely any power in any muscle excepting the biceps, and perhaps the brachialis anticus. We made him stand up in bed; he did not manage his legs well, but it was difficult to say whether this was more than might be expected after three weeks' absolute rest. When lying on his back in bed, he could kick freely. His pupils acted well, and no irregularity could be detected in the spines of his cervical vertebrae.

I came to the conclusion that the paralysis must be cerebral. There did not appear to be any defect of sensation in either of the arms, nor had any disturbance of nutrition resulted. Muscular weakness and wasting was the one symptom, and this was unaccompanied by any indications of injury to the spinal cord. There was an irregularity down the right side of the skull, just over the ear, which clearly denoted fracture. It is very remarkable that there should have been no head-symptoms in the first instance, especially as both arms were involved. It must not be assumed as certain that the lower extremities had wholly escaped, since it is difficult, in so young a child, to estimate degrees of power without setting him to walk. It is quite certain that there was not, even at the first, any defect of the sphincters.

I heard, two or three weeks later, that the boy was up, and could walk well, and was regaining the use of his arms.

VII.—SIMULATION BY MUSCULAR ACTION OF DUPUYTREN'S CONTRACTION OF PALMAR FASCIA.

I saw, in the morning of July 11th, a curious example, in its early stage, of a tendency to contraction of the ring and little fingers into the palm; the contraction being due, not to bands of fascia, but clearly to the small muscles. The patient was a gentleman (Dr. S.), of a somewhat gouty family, but who had never himself had gout. His age was 62; and, excepting the trouble named, he was in good health. In the afternoon of the same day, it was my good fortune to see, in consultation with Mr. Freeman, of Onslow Gardens, a lady in whom the same condition had become much further developed. She was between 60 and 70 years of age, like Dr. S., of gouty family, but, like him, having never herself suffered a definite attack. She had been long liable to indigestion, eczema, and chronic glaucoma. When I first saw her hands (Miss A. T.), I thought that she was the subject of rheumatic gout, with great nodosities; but, on examination of the hand, I found that these appearances were simply due to partial dis-

location of the joints, especially those of the knuckles. All the fingers were bent down into the palm, and carried over to the ulnar side. That there was no material contraction of fascia, was proved by the fact that they could be pressed back almost into the straight position. The hands were extremely emaciated, and the right hand was affected to a far greater degree than the left. Miss A. T. was crippled in her lower limbs by rheumatic gout, and always walked with a stick. I had no opportunity of examining as to their precise condition. She told me that the deflection of her fingers had commenced with her little and ring digits, and subsequently involved the others.

I will now return to Dr. S.'s case. He is a very healthy-looking man, and has lived temperately, always, however, drinking a little beer. One of his sisters is, he says, much crippled by rheumatic gout, and has had true gout. He himself has never had any arthritic affection; but, some years ago, I cured one of his sons of an eczema, which had long been chronic. On cursory inspection, there is nothing whatever to be noticed amiss with Dr. S.'s hands. He can, by effort, straighten his fingers perfectly, but there is a very decided tendency in the right hand, especially for the ring and little fingers, to be bent down into the palm. It is about a year since he first noticed this. At first, it was chiefly observable in the morning, after sleep, when the ring-finger would be so much contracted, that he was obliged to use the other hand to straighten it. There is, perhaps, a very slight contraction of the palmar fascia; but that this is not the chief cause of the deformity is proved by the fact that he can place the palm of his hand upon the table, and, by bearing weight on it, almost completely straighten the fingers. His chief inconvenience is in using his tooth-brush, and in carving; in these acts, the deflection is sometimes painful, otherwise it has not caused him discomfort.

It would take me too far to attempt to discuss here the precise shares taken by the different muscles in the production of these deflections of the digits. The reader will find much information on the subject in Dr. Vivian Poore's edition of Duchenne's works published by the New Sydenham Society, and in the writings of Charcot and others on paralysis. My object in recording these cases here is to draw attention to the fact that the displacement began in the ulnar digits, and closely simulated, on the one hand, Dupuytren's disease, and, on the other, the common distortions of rheumatic gout. It is important to note that, in the latter malady, we not unfrequently meet with distortions which are of muscular rather than of joint origin. It is sometimes, indeed, difficult to say whether the conditions are due to arthritis or paralysis. I saw recently, in consultation with Dr. Hughlings Jackson, a case of this kind which was very puzzling. In these, the employment of galvanism for diagnosis is of much importance.

VIII.—CONTRACTION OF THE LITTLE FINGERS IN A YOUNG LADY, WITH REPEATED ATTACKS OF SCLEROTITIS: INHERITANCE OF GOUT.

Mary P., aged 20, a governess, is of fair complexion. Her history of rheumatism is that, six years ago, she had an attack of rheumatism in her left knee, and for three months was carried about, not being allowed to walk. She had a little pain, but not much, in the other knee. There had been no injury or sprain. She quite recovered, and can now walk easily. She has never had rheumatism in her wrists, elbows, ankles, shoulders, etc. Her two little fingers are both contracted at the first phalangeal joint, the bones being at right angles. The last phalanx is not contracted, and can be straightened easily. It is doubtful whether the contraction is due to fascia, or to muscle.

In the right eye, she has had several attacks of "rheumatism." The last has been the most severe attack. It began on November 2nd, and she came to me on the 24th. There was then no evidence of iritis. She had at first much pain.

Her parents are both living. Her father has had a single bad attack of gout in the great toe, about two years ago. Two paternal uncles have also had gout, and her paternal grandfather. One of her sisters has had rheumatism in one knee. She is very susceptible to the influence of east wind, as her hands become painful. She is myopic—16, possibly astigmatic. The vision of the right eye is not so good as the left. The patient is the fifth child; nine are living; none have had rheumatic fever. Her mother has not had rheumatism, but one of her sisters has "rheumatic gout." Her parents were first cousins.

The above notes are copied from some made many years ago.

[To be continued.]

Mr. WILLIAM ANDERSON, of St. Thomas's Hospital, has been elected a honorary member of the Sei-I-Kwai (the medical society of Tokio), in recognition of his many and arduous labours on behalf of Japan.