The most important point of the case is how to deal satisfactorily with a man in his mental condition: at any time he may become dangerous to himself and those about him—his wife is afraid to leave him alone with his child in case he should be seized with one of his ungovernable fits of passion, and yet beyond this symptom of insanity—if so it can be called—there is nothing to warrant one in signing a lunacy certificate, and still further, little chance of it being signed by the examining magistrate after his interview with the man in his present state of mind. Knowing full well the history of this class of case one feels certain that the only safe and proper place for a patient of this kind is in the county asylum or where he can be always under skilled observation.

Other interesting points in the case are (1) the continuation of movements during sleep, (2) the power of voluntary efforts to control movement—this latter, no doubt, accounts for the former, (3) the commencement of the disease at the usual age with its tendency to gradually increase in severity, (4) the hereditary nature of the nerve degeneration. I have no means at hand of finding out whether most of the recorded cases have occurred in country villages where intermarriage is very prevalent, but there is no doubt but that it is answerable for a great deal of the deterioration which one sees both mentally and physically in many country districts.

Note.—Since writing the above, the man has attempted suicide and has been sent to the County Asylum.

A CASE OF FRIEDREICH'S ATAXIA.

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It is by the kind permission of Mr. E. M. Wrench, F.R.C.S., of Baslow, that I am able to publish this case. My first note, made in November, 1897, is as follows:

E. A., female, aged 14, spare, but looking her age, complains of loss of power in her hands and arms, and inability to stand or walk without support, falling down if she attempts to do so.

History of Present Condition.—Her mother first noticed awkwardness in walking when she was 7 years old, and says she, used to carry her head poked forwards. Shortly afterwards she noticed her speech became drawing and indistinct. About three and a half years ago the patient had suffered from pains in the joints, but the doctor who attended her said it was not rheumatic fever. The arms were only slightly affected before the patient had measles about three weeks ago, she could help her mother in the housework, "wash up," etc., but could not write or sew well. Since the attack of measles she could not stand or walk so well, and had lost flesh.

Family History.—Father and mother alive and well. Two brothers aged 10 and 5, and two sisters aged 13 and 8 years respectively, quite healthy, and as far as could be ascertained there is no history of any nervous disease in any member of either parent's families. Both parents are steady, hard-working country folk.

Previous Illness.—With the exception of measles three weeks ago has enjoyed good health.

Present Condition (November, 1897).—The child has now quite recovered from measles, and has been up and about nearly a fortnight. In the sitting posture she remains quite still, with her head bent forwards. When spoken to her head sways from side to side as she looks up. She keeps her arms semiflexed and her wrists flexed with fingers extended, and at present complains of pains in the joints when moved. (Examined later when pain was absent, flexion and extension could be performed, but when at rest the limbs resumed the above-mentioned position.) Her pupils are somewhat dilated but equal, and react to light and accommodation; there is no nystagmus, neither can it be demonstrated by prolonged lateral deviation of the eyes. The tongue appears natural, and can be protruded straight. Her speech is slow and drawing, like that of a patient suffering from painful tonsillitis. Her memory is good. Knee-jerks and ankle-clonus are absent. When asked to stand up she separates her feet widely, and thrusts her head forwards. In walking she rolls from side to side, and the effort is accompanied by jerky movements of the head and shoulders and choreiform movements of the arms; she clutches at any near

object for support, and walks on the outer edge of her feet. Romberg's symptom is present. Asked to pick up anything, her hand sways from side to side, the fingers are spread out over it and then suddenly grasp it. Lateral curvature of the spine and talipes equinus are well marked, and examination in bed discloses the striking deformity of the great toes so well illustrated in Pierre Marie's account of this disease published in the Sydenham Society's *Transactions*, namely, hyperextension of the proximal with flexion of the distal phalanges of the great toes. Skin reflexes and sensation are normal. No retinal changes were found on examining the eyes with the ophthalmoscope.

Progress.—September 7th, 1902. The condition of the patient is decidedly worse than when the previous note was taken five years ago. Her expression is not markedly dull, and her mental faculties remain good, but she is now practically helpless; static ataxia is well marked, and the talipes has now reached the condition of pes cavus, and the deformity of the great toes is very pronounced. The hands are much less useful, knitting can only be performed with effort, and quickly tires the patient. Her chief solace is in reading. Her general health on the whole keeps good, but lately she has been troubled with attacks of gastric pain and flatulence. She remains fairly well nourished, considering the long partial disuse of her limbs. Sensation remains normal, and the eyes still show no signs of nystagmus or retinal changes. All the other members of the family remain healthy.

Remarks.—The chief points of interest in this case are: The absence of any history of nervous disease in the family; the absence of the disease in any other members of the family, the youngest of which is now ten years old; the inability to attribute the disease to intemperance or syphilis, or any cause whatever; and, lastly, the absence of one of the chief, though sometimes a late, sign in this disease—namely, nystagmus—and the occasional occurrence of joint and gastric pains.

CASE OF COMPLETE PARAPLEGIA SUCCESSFULLY TREATED BY FORCIBLE EXTENSION OF THE SPINE.*

By
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D. M., aged 10 years, was admitted into the West End Hospital for Diseases of the Nervous System under the care of Dr. Outtersson Wood on November 21st, 1900.

For the following history of the case we are indebted to Dr. H. J. F. Simson, the Medical Registrar to the hospital.

History.—Father and mother healthy. Six children in the family, of whom one died of measles and one of tuberculous peritonitis; other children healthy. Beyond the ordinary diseases of childhood the patient had been healthy until about two years before admission. In 1898 his mother stated that she noticed that there was something wrong with his back. The patient was treated as an out-patient at a hospital, and kept in a jacket for eighteen months and discharged cured. In the course of a few weeks (probably about six) the boy's legs "began to be stiff," and he experienced a difficulty in moving about; this was first noticed in March, 1900, and in May there was complete paralysis of both lower limbs.

State on Admission.—The patient was found to be suffering from complete paralysis of both lower extremities, a condition which had lasted for about six months. The patient was a well-nourished and well-developed lad, mentally and physically. There was complete paralysis of both lower limbs associated with marked rigidity and a good deal of adductor spasm, but there was no flexion of the knees or thighs. The knee-jerks were greatly exaggerated, and there was ankle and patellar clonus. The plantar reflex was increased and Babinski's sign was markedly present.

Sensation.—From the umbilicus downwards there was greatly diminished perception of pain. If pricked pretty firmly with a pin he could feel it but did not cry out as if hurt. Tactile sensation was almost entirely lost. Cold was acutely perceived but always as heat; heat produced no sensation of any sort. There was a band of hyperaesthesia midway between the umbilicus and the ensiform cartilage. Above the band of hyperaesthesia the movement and sensation were normal, both as regards trunk and arms. Bladder and rectal functions were unaffected. Examination of the spine showed an angular curvature in the region of the second, third, and fourth dorsal vertebrae, with a backward curve of the cervico-dorsal region as a whole. There was marked tenderness on percussion over the

* Read before the West London Division of the Metropolitan Branch of the British Medical Association.