but was otherwise healthy, was suddenly affected with paralysis of the soft palate and the muscles of deglutition. On the second day the paralysis increased, and extended to the right side of the face. This was followed quickly by paralysis of the left side of the face and right sixth; and on the same day less pronounced paralysis of the neck and upper arm muscles, also of the thoracic muscles, was noticed. The lower extremities were normal, but on the fourth day the left knee reflex disappeared, and the left Achilles jerk was difficult to elicit. Death occurred on the fourth day under signs of paralysis of the intercostals and diaphragm.

The second case is that of a young married woman, æt. 19. At first there was difficulty in diagnosis owing to hysterical symptoms. The patient had married against the will of her father, and on return from a three weeks' wedding journey she complained of a "furry" sensation and weakness in the feet. An interview with her father caused mental shock, and complete paralysis followed. This was thought to be hysterical paralysis, but it was discovered that the patellar and Achilles reflexes failed. Pain in the dorsal vertebræ pointed to a dorsal caries. In rapid succession, the paralysis involved the muscles of the trunk, of the arm, face, and soft palate. Diplopia was a passing symptom. At the extremities, there was "furry" sensation and hyperasthenia, also a progressive ascending motor paralysis. The crisis was reached on the ninth day, and from that time there was gradual lessening of the paralysis, beginning with the last affected muscles. In spite of better movement, there was muscle atrophy and reaction of degeneration. This was accompanied neither by sensory disturbances nor by fibrillary twitchings. In the twelfth week movement had almost completely returned. In the fourteenth week the atrophy of the muscles had disappeared and the electric reactions were normal, although there was a certain weakness of the trunk and foot muscles, and the patellar and Achilles reflexes could not be elicited. The treatment was ergotine, warm baths, and galvanisation. HAMILTON C. MARR.

Family Infantile Cerebral Disease [*Ueber Familiäre Infantile Cerebralerkrankung*]. (*Neur. Cbl., Nr.* 21, 1908.) *Malaisé, E. v.*

A cerebral disease which affected six children in a family of nine is described. The parents are evidently of the working class, and are second cousins. There is no evidence of hereditary taint. Nervousness was noted in the mother and exaggeration of the patellar reflexes, but it is pointed out that neurasthenia in a woman who for years has led a strenuous and distressful life is not extraordinary. The parents are temperate; there is no history of any bodily disease, and the births of all the children were normal. The ages of the nine children range from thirteen to three years. Six of them contracted a fever when two or three years old, without loss of consciousness or convulsions. Until that age the development of the children was healthy. They were able to walk and speak normally. A short time after the attack of fever they showed difficulty in walking. This in one case disappeared, but in the others it developed into complete inability to walk, and the condition of *pes equinus*. Gradually the arm muscles became stiff, and this stiffness was accompanied by athetoid movements, and in three

cases loss of speech and intelligence followed, with evidence of difficulty in swallowing. The arms of the youngest affected child are still healthy. One child, who showed signs of cachexia, died at the age of twelve. Another died of measles before the cerebral affection had reached its height.

In several of the cases, Babinski's and Oppenheim's phenomena are present, and in one case there is a noteworthy paleness of the pupils. The youngest child could not be examined, but the parents say it is healthy.

In all the affected children still living, except Case 6, which shows only Babinski's and Oppenheim's signs, there is an abnormal condition of the thyroid glands. In the eldest child this takes the form of almost complete hypoplasia; in the second case there is an excessive enlargement of the glands on both sides; in the third case they are very badly developed. In the healthy child the glands are normal.

A point to be noted is the manner in which the disease, after having attacked the legs, extends to the arms, which soon show athetoid movements, and then gradually affects the speech and intelligence. These symptoms are unusual in the ordinary course of infantile cerebral paralysis, and have similarity to the symptoms in Oppenheim's pseudo-bulbar paralysis.

It is doubtful whether there is a connection between the disease of the brain and the anomalies in the thyroid glands. It can easily be understood that an atrophy of the gland might be caused by the disease of the brain, but this contention is invalidated by the fact that hypertrophy, which is relative to hyperplasia, was found in one case. On the other hand, it is not impossible that the anomalies of the gland, *i.e.*, its hypo-function should lessen the resistance of the brain, and especially of the pyramidal tract, against the "unknown toxin" which plays such an important part in infantile cerebral paralysis.

HAMILTON C. MARR.

Hysterical Deaf-Mutism [*Ueber Hysterische Taubstummheit*]. (*Neur. Cbl.*, 1908, *Nr.* 23.) *Laquer, L.*

The case of Hermann B—, student, æt. 32, is described. The patient had got into trouble with a teacher at the training college which he was attending, and as a result gave up home study and acquired idle habits. He was not addicted to alcohol. For three months previous to the sudden onset of his illness he had been in the habit of drinking only a very small quantity of cider. One day, after with great difficulty climbing a tree to reach a nest, he gained the ground in an exhausted condition, became unconscious, and perspired excessively. He had to be supported on the way home, and was given a small quantity of cider to drink, which caused an inconsequently severe intoxication. When he returned home his condition caused anger among his relatives—so much so that one of them bound him hand and foot and gagged his mouth. In breaking a pane of glass he injured his hand, and there was a very considerable loss of blood. His excitement ended in a deep sleep, lasting for three hours. On awakening he sprang suddenly out of bed, but fell at once to the ground in an unconscious condition. When he regained consciousness, after an hour,