

DIAGNOSIS BETWEEN GENERAL PARESIS AND PROGRESSIVE LOCOMOTOR ATAXY.

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I have formerly, when speaking of the diagnosis of general paresis (or general paralysis of the insane), satisfied myself with but a slight allusion to locomotor ataxy; believing that the phenomena were sufficiently distinct in character in each of these diseases to prevent any confusion between them, and such, indeed, is the case in a large majority of the examples met with.

The word ataxy literally means want of order, and, when applied to movements, it is called locomotor ataxy; a condition of such ataxy is met with in the insane occasionally as a symptom, and occurs as an accidental complication, just as we have also various other kinds of derangement of the nerve-function, as anæsthesia, convulsions, partial and local paralysis, &c. I think that in some of such cases the ataxy has been engrafted upon the mental disease; in others, perhaps the insanity has occurred in an ataxic individual. I had a patient whose ataxic symptoms were strongly marked, and could, I think, be traced to a cause occurring subsequently to the attack of insanity. The patient was taken with the usual symptoms of melancholia with suicidal propensities, and she succeeded in throwing herself out of her first floor window, she fell vertically upon her sacrum. Ataxic symptoms gradually appeared and increased, and she died about thirteen years after the commencement of the insanity. In a second case, the history, as gleaned several years after the events occurred, seemed to show a similar origin and course. But it is not so much perhaps these cases, with ataxy occurring symptomatically, which would put on the appearance of general paresis; but rather certain forms of the disease which have been variously named, but which is best known perhaps by its appellation of progressive locomotor ataxy.

I am fully disposed to believe that many cases of true locomotor ataxy have been considered to be general paresis. The diagnosis is easy enough when there are no cerebral symptoms; but, if any degree of mental disturbance existed in a case of ataxy, a mistake might be readily made. Some years ago, every case showing a degree of imbecility with impaired powers of locomotion, would have satisfied the diagnosis of general paresis, and such cases would have been sent into the asylum. The removal of many of these cases into the asylums has taken them from the observation of the general and hospital physician, and thus their frequency is not known to him; while the asylum physician, seeing chiefly another phase of the dis-

case, is less likely to recognise the true relationship of his cases with those described without mental disturbance. I have of late met with several cases of progressive locomotor ataxy which, at the first glance, might be easily taken for cases of paresis; and some of them, indeed, have been so diagnosed by very competent men. I feel it to be the more important, therefore, that I should point out the distinction between these two diseases; and the diagnosis is of some consequence, for the future progress and duration of them differs considerably. The expectation of life in general paresis is from two to five years, while some cases of ataxy extend over ten, fifteen, and twenty years.

To avoid repetition, I will, in what is to follow, use the word ataxy instead of progressive locomotor ataxy, and paresis instead of general paresis (or paralysis) of the insane.

As I have already said, in typical cases without any mental disturbance, ataxy would not resemble paresis at all. The peculiar form of delirium, on the other hand—the *delire des grandeurs*—would, by its presence, pretty nearly decide that the case was one of paresis; but the fact is that, in certain cases of paresis, and in a certain stage of that disease, this symptom is not well marked.

There is also much variation in the symptoms of the disease, progressive locomotor ataxy. I will therefore give you a sketch of the forms in which it is to be met with, following M. Topinard in his work on the subject. I must premise, however, that what he describes is the disease as found in general hospitals. Nevertheless, he says that cerebral disturbance existed in several cases, and impairment of memory in one-tenth of the whole; and this I believe to be below the mark of cases generally. Earlier writers insisted much on the presence of certain symptoms as essential to the diagnosis of ataxy, such as the inability of the patient to walk blindfold; and some considered that the case was not ataxy without this symptom. More recent writers give the disease a much wider range; and, indeed, they will tell you that that peculiar symptom is by no means a frequent one.

M. Topinard, in his work *L'Ataxie Locomotrice*, makes a summary of the phenomena observed in 150 collected cases. I will quote his description at length, by way of presenting you a contrast to the account given in a former lecture of general paresis. He arranges the whole of his cases in ten groups; and those who have seen much of ataxy will readily recognise most of these typical forms. In our clinical meetings I shall be able to show you several of them.

M. Topinard's arrangement is as follows:

First Type.—The patient is ataxic in the lower or upper extremities. He staggers, and is more awkward when he closes his eyes, and there is little more than this to be observed.

Second Type.—Besides the above phenomena,