Clinical Reports.

REPORT UPON THREE CASES OF SYRINGOMYELIA.

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It is by the kind permission of Professor Mendel that I am able to report the following cases of a disease which possesses considerable interest. The cases were brought before his class in Vienna during the last year.

Case I.—The patient, W. V., aged 32, a slightly built man, first came to the private poliklinik of Professor Mendel in January, 1890, when the following history was obtained:

Heredity and lues nil; healthy previous to 1875, when he had an ulcer on his arm and another on his lip, together with a carbuncle on his back. In 1880 he had dysentery, and in 1881 typhoid fever. In 1885 patient noticed that the ball of little finger of left hand was diminished in size and the finger was slightly brownish in colour. The hand became weaker and the muscles of the forearm smaller. Presently the other muscles of the hand became atrophic, and with this occurred a loss of the sense of pain, so that often and unwittingly he burned himself. In 1887 he had pain and pricking sensations in the middle and upper part of the back of his neck. In 1888 there was weakness of the muscles of right arm and hand and the sensation of this extremity became affected similarly to that of the left. Both hands became deformed. He had slight chills and a cold feeling in shoulders and arms. The voice changed somewhat, becoming harsh.

At the present time there is smallness of the cleft between the eyelids, the left being smaller than the right. Pupils small and unequal, left smaller than right. Action to light and accommodation prompt. Facial nerves intact.

There are several scars on the hands and arms, the result of former burns. The finger-nails are thickened, ridged and brittle (onychogryposis); the skin is smooth and glossy.

The left hand presents extensive atrophy of the muscles of the ball of the thumb and little finger, and of the interossei. The deformity known as "claw hand" is well marked. The patient has very little voluntary movement of the hand; it cannot be flexed on forearm, nor can the fingers be separated from one another. The pathological position can, however, be overcome by passive movement. The forearm muscles, together with the deltoid, pectorals and supraspinatus