

tionably one important factor among those which led to so excellent a recovery. The stooping posture of the patient at the time when the bridge gave way accounts of course for the position of all the fractures, except that of the thigh. The wounds of the chin and knees were doubtless caused by their striking upon the iron rails in the fall. I am unable personally to vouch for the fracture of the shaft of the femur; but as the two medical men who put it up affirm most positively that there was undoubted evidence of that fact, there can be no reasonable question about it. In that case the usual shortening of the limb is to be accounted for by the muscular relaxation consequent upon the shock arising from so severe an accident.

HEMIPLEGIA IN CHILDREN: A CASE WITH REMARKS

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THE occurrence of hemiplegia in children is sufficiently rare to render all cases, from whatever cause arising, of considerable interest. The following case may serve a useful purpose in drawing the attention to a form of hemiplegia in children described by Strümpell in his text book of medicine, under the head of "Acute Encephalitis of Children." The history of the case is imperfect; the chief points in it, as far as could be ascertained, are as follows: Nettie F., aged nine, as an infant had "fainting fits," but without convulsions; has had none for some years during which she has been healthy and bright. Family history contains nothing worthy of note. About Sept. 20th, in the evening she had some feverishness with a severe convulsion. Next day she was quite conscious, feeling almost well but the right side, including face, was completely paralysed. I first saw her on Oct. 5th, and she appeared as if recovering from a mild fever, the tongue was red and thickly coated in patches with whitish fur; there was some redness of the throat also. She had been able to take her food fairly all along. Paralysis of the arm was complete and nearly so of the right side of the face and of the leg. The tongue was protruded to the right and utterance was very indistinct. Sensation was normal, muscles firm, skin warm and patellar and tendon reflex easily elicited

but not excessive. The pupils were normal, bowels and bladder acted naturally. All the organs of abdomen and thorax apparently healthy: the heart-sounds distinct and without any roughness or irregularity. She has had neither rheumatism nor chorea.

Since then she has steadily improved and now she is able to walk, though with difficulty, and move the arm about. The face has completely recovered as have also the organs of speech. The tongue is clear. The patellar reflex is exaggerated considerably.

It is impossible to be quite certain as to the cerebral lesion in this case. It may be that there was intracranial hemorrhage, meningeal or cerebral; but from the age of the girl this is improbable. A more probable cause is embolism, but there is nothing to indicate a possible origin for an embolus; the heart is apparently healthy as are all the other organs. Of course it is quite possible for an embolus to escape into the blood without there being any signs to indicate its origin.

A third cause—acute encephalitis is assigned by Strümpell for cases of hemiplegia very similar to this one though usually accompanied with more severe constitutional symptoms which are often indistinguishable from those of infantile spinal paralysis. It usually occurs between the ages of one and four years. The attack is nearly always acute. A previously healthy child suddenly becomes feverish with nausea and vomiting, or at once followed by grave cerebral symptoms, convulsions being particularly frequent. This condition may last from one day to two or three weeks after which the symptoms abate and the child is found to be paralysed on one side. Improvement soon sets in, the cranial nerves usually recovering completely, those of the extremities seldom doing so, the arm being worse than the leg. There is arrest of development, impairment of motion, usually increased reflexes and contractures. The muscles are somewhat atrophied but do not give the reaction of degeneration. Sensation continues normal. Motor symptoms of irritation, usually of a chronic character, often develop later. Epilepsy is not infrequent and the mental faculties are often more or less defective. The course of the disease bears a striking resemblance to acute spinal paralysis of children but with certain well-defined differences, viz.: the hemiplegic character, absence of