

TREPHINING AND NEURECTOMY FOR A CASE OF INFANTILE PALSY.

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G. T. aet 30, Canadian. Family history unimportant. Personal history: Measles, with good recovery at 6 mos.

At 10 mos., when well grown and walking about, he developed an abscess under the left ear (no otitis media) which at the end six weeks after free suppuration slowly healed up. Just about this time a fit occurred one morning as he lay in the cradle—only one—and from which he soon recovered. Mother is positive that there was no paralysis; that he never ceased walking, but in a month or so she saw that the left foot swung outwards when walking, and that soon afterwards the left arm ceased to be used. There is no evidence of atrophy or paralysis in the arm at this date. Then a spasm began to show, and before he was two years of age both leg and arm were spastic and ataxic. From that date to the present they have been growing worse, with no periods of intermission. The face sometimes twitched when arm was very troublesome. He was at school from the 5th to the 15th year of his age, and never learnt any trade. There was no violence of temper, uncleanly habits, cranial irregularities or other evidences of idiocy. As to habits, he has chewed tobacco freely since 12 or 13 years of age. Alcoholic drinks used in moderation. Says that they quiet the hand and leg but make them worse afterward. Present condition. Well nourished and healthy, all body systems normal except the nervous system. Intellect. Normal, though ill-developed. Happy and good tempered. Sensory functions normal. Spasm, if severe, accompanied by much muscular pain, especially in the deltoid trapezius and biceps.

Motor functions. Spasms of the left side, affecting chiefly muscles of the side of the face, sterno mastoid, clavicular portion of pectoralis major, upper part of trapezius, the deltoid and biceps, the flexors and pronators of the forearm and hand: in severe spasm the rectus abdominis: also the left leg shows a mild equino varus, some contraction and spasm of the gastrocnemius. In a severe spasm the head and neck are drawn downwards and to the left and the face somewhat rotated to the right, the left arm thrown up and across the vertex, upon which a callus had developed from continued tapping of the radius; the body slightly bent forward and to the left and the left thigh flexed on the body and the leg on the thigh with the foot in extension. The spasm is clonic, exaggerated by excitement and disappears during sleep. It is accompanied by inco-ordination but never by loss of consciousness and is continuous, never epileptiform.

Diagnosis. Meningeal hemorrhage probably causing the fit at 10 mos., due possibly to thrombosis of a cerebral vein by extension from