

The points in Jendrassik's method of eliciting the patella reflex / by Walter B. Swift.

Contributors

Swift, Walter Babcock, 1868-
Royal College of Surgeons of England

Publication/Creation

St. Louis : [publisher not identified], 1913.

Persistent URL

<https://wellcomecollection.org/works/wsgb85rf>

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).

2.c.5
STUDIES IN NEUROLOGICAL TECHNIQUE, NO. 1;

THE POINTS IN JENDRASSIK'S METHOD OF
ELICITING THE PATELLA REFLEX.

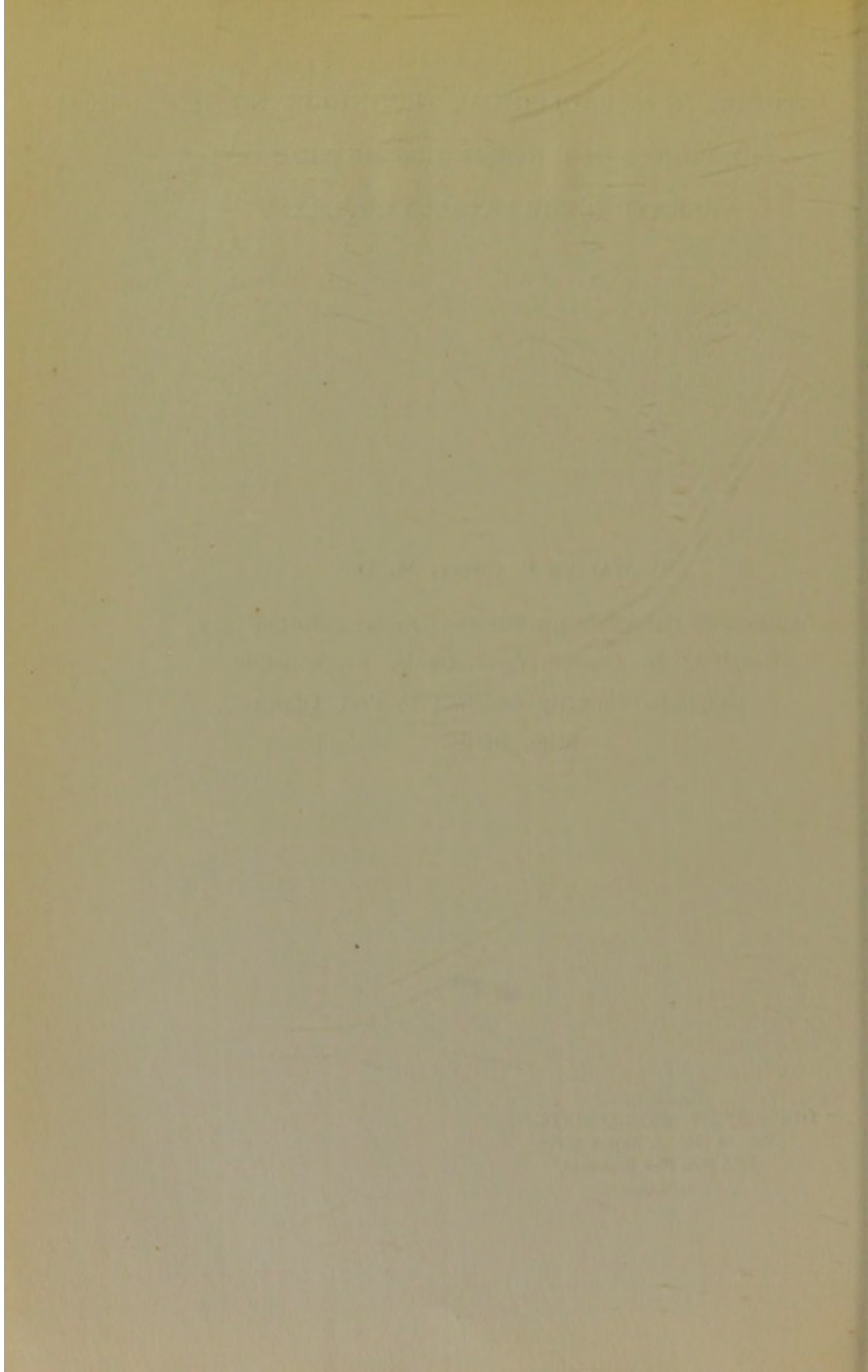
12

BY WALTER B. SWIFT, M. D.,

Assistant to Physicians for Nervous Diseases, Boston City
Hospital. In Charge Voice Clinic, Psychopathic
Hospital. Formerly Assistant to Prof. Oppen-
heim, Berlin.



Reprint from
THE ALIENIST AND NEUROLOGIST,
Vol. 34, No. 3, August, 1913
3858 West Pine Boulevard,
St. Louis.



17 JUL 21

STUDIES IN NEUROLOGICAL TECHNIQUE, NO. 1;
THE POINTS IN JENDRASSIK'S METHOD OF
ELICITING THE PATELLA REFLEX.*

BY WALTER B. SWIFT, M. D.,

Assistant to Physicians for Nervous Diseases, Boston City
Hospital. In Charge Voice Clinic, Psychopathic
Hospital. Formerly Assistant to Prof. Oppen-
heim, Berlin.

DURING my sojourn in Europe I had at one time interest to visit those nerve specialists who had brought forward some new test, some new symptom, or some new method of eliciting tests, for the purpose of studying their technique at first hand. In almost every case these visits resulted in adding to my former knowledge, points that had not been maintained in trying tests previously. Since my return I have had a number of these under investigation for the purpose of trying out their claims, and improving my own technique in examination. Several of these investigations have proved of value and one of them is now worthy of a preliminary note. This one is Jendrassik's hand grasp. Others will be reported, when the investigations are completed.

Our method of reinforcement has been to request the patient to interlock the hands, look up at the ceiling, grasp tightly when three is said, and at that time tap the patella tendon. Jendrassik's method differs. He requires the patient to bend forward and look downward, whereas the rest of the technique remains as above. He

*Read May 15, 1913, before the Boston Society of Neurology and Psychiatry.

claims that closing the eyes is useless and that looking upward is useless, while bending forward has a special value. This method of knee jerk reinforcement I have tried as far as possible on all the cases where the other method did not elicit the knee jerk, for the last two years in the Outpatient Department in the Boston City Hospital. For the liberty to carry on this investigation my thanks and appreciation are due to Dr. Knapp, Dr. Thomas and Dr. Fairbanks, my seniors on the service. I have found two valuable points result from the use of Jendrassik's method.

(1) GENERAL INCREASED EASE OF THE KNEE JERK
ELICITATION.

I found that in general by bending the body forward the knee jerk is much easier elicited. This finding of course is not of any great value, and yet shows that the knee jerks already present come out with more ease than when the other procedure is followed. A large number of cases show this to be true.

But the bearing of this presence of an easier elicitation has a confirmatory influence upon the other point which I am about to present. Suffice it, then, so far as this point is concerned, that evidence is here found to make the knee jerk elicitation easier—thus facilitating our neurological examination.

(2) ELICITATION OF OTHERWISE ABSENT KNEE JERKS.

I found several cases where the knee jerk was by several men in the clinic, as well as myself, pronounced absent with our usual technique, and afterwards with Jendrassik's method, I found the phenomenon was at once elicited. It is unnecessary to tax the readers by presenting the cases in detail. The diagnosis is enough to illustrate. Let me mention three.

1. *Tabes dorsalis*.

2. *Post-diphtheritic weakness*. It may be interesting here to note that in this case the diagnosis of post-diphtheretic paralysis was made on the basis of the old method of eliciting the knee jerk, and upon employing

Jendrassik's method that diagnosis could no longer be substantiated.

3. Multiple neuritis.

The second point of value is that Jendrassik's method elicits the knee jerk when the other method fails. These three cases may not prove much, but they surely show when combined with the first point mentioned above, that his method allows a freer play to the patella tendon phenomena.

Just the cause of this increase of reaction in one method over another might take considerable time to determine. We should seek in this test muscle relaxation, and I think the reason for this finding lies simply in that direction. If a patient closes the eyes and looks up, or looks up without closing the eyes, there is more contraction in leg muscles than there is if the patient bends forward and looks downward. Then, too, as Jendrassik told me, when he showed me how he made his test, it is not a matter of diverting the mental attention, but a matter of diverting muscular tension.

Summary: Our usual technique proven inferior to Jendrassik's own method of eliciting the knee jerk.

CONCLUSIONS.

(1) About 100 trials show Jendrassik's method elicits the knee jerk easier than our method in normal cases.

(2) Our usual technique proven inferior in pathological cases to Jendrassik's own method.

The difference in method is a new body position that secures greater muscle relaxation.

110 Bay State Rd., Boston.

