

limited. Fourth, hemicrania symptomatica. Krafft-Ebing found twenty-one cases in literature and three of his own. The conclusion seems justified that the sensory primary element of the central organ is much more easily acted upon than the motor element by noxious substances, and that in the ganglion cells, which have to do with sensory functions, the summation of stimuli first reach their effect, and by means of mere contiguity the motor explosion takes place. Sensory Jacksonian attacks are always indications of an anatomical central lesion. This symptom obtains a definite symptomatic importance when it accompanies hemicrania tardiva. SCHWAB.

- 129 "EPILEPTIFORME ANFÄLLE IN DER RECONVALESCENZ EINES UNTERLEEIBSTYPHUS" (Epileptiform Attack During Convalescence from Typhoid Fever). Mühlig (Münchener med. Woch., 1900, No. 7, S. 221).

The author reports the case of a previously healthy man of twenty-three years, who after an attack of typhoid of moderate severity, having been free from fever for twenty days and while upon light diet and apparently doing well, had suddenly, at 3 A. M., a severe epileptiform attack, with loss of consciousness and convulsions, beginning with twitching in the little and ring fingers of the left hand. This was followed during the ensuing day by three similar attacks, after which the patient made an uninterrupted recovery, complaining of nothing more than some tingling of the two fingers of the left hand in which the twitching began. The urine was normal, as was also the heart; the author could find nothing to account for the convulsions. During a period of observation extending over a year he had developed no more attacks. ALLEN.

- 130 CONVULSIONS POST-TRAUMATIQUE—EPILEPSIE (Post-traumatic Convulsions—Essential Epilepsy—Craniectomy). Mirallié (Arch. de Neurol., Mar., 1900).

Mirallié reports the history of a man thirty-six years old, vigorous, and having no neuropathic family history, who was trephined unsuccessfully for epilepsy. The man had fallen seventy feet and sustained a fracture of the cranium. Four years after recovery from this injury he developed epilepsy without tangible cause. Before each convulsion he would have an hallucination of seeing his dead friend. Some of the crises had a somnambulistic character; he had both grand and petit mal attacks. There was anesthesia on the right side of the body; special senses also were dulled on the right side. His only seeing eye, the right, was hemiopic (inner side); both optic nerves were atrophic. One hysterogenous zone was found in the right axilla. Cicatrix of old fracture was visible and evidences of depression were palpable in line of the old fracture. Patient was first trephined along line of scar; parts beneath depressed bone were compressed, but otherwise normal. A second trephine opening was made over the motor cortical center of the right arm. Bone-disks were not replaced and the meninges were sutured to the skin. There was improvement for five months, there being no major attacks during that time, but at the end of that time the major attacks returned and rapidly became worse than before. Mirallié joins the ranks of those who no longer believe in craniectomy for epilepsy. The case is of special interest from the fact that there was every reason to expect a different result than the one that occurred. CLARK.