

LARYNGEAL PARALYSIS. Hill Hastings (Journal A. M. A., June 3).

This is a report of a patient suffering from shortness of breath, pain in the chest, feverishness at night, loss of weight and hoarseness, but without cough or the physical signs of tuberculosis. Laryngeal examination revealed complete paralysis of the left vocal cord. This, with other physical signs, such as apex beat displacement, dulness and pulsation in the second intercostal space, and probable slight tracheal tugging, suggested the diagnosis of aortic aneurism pressing on the left laryngeal nerve, and this was confirmed by the X-ray, which revealed a pulsating shadow above the heart, extending one and one-half inches on each side of the sternum. The case is reported on account of its laryngologic interest as illustrating the value of an examination of the larynx in throwing light on the diagnosis. In this case the history rather pointed to tuberculosis of the lung with secondary laryngeal involvement.

JUVENILE APHASIA. C. H. Henninger (Journal A. M. A., June 3).

The causes of lack of articulate speech in 100 inmates of the Western Pennsylvania Institution for Feeble-Minded have been examined by the author. Thirty-five of these patients were epileptics, 14 of them also paralytics; 20 were cases of cerebral paralysis and 44 patients were idiots; 29 of the genetous type and 11 microcephalous, 2 hydrocephalic, 2 Mongolian and 1 cretin. Epileptic dementia from severe and frequent convulsions was credited as the cause of the aphasia in 6 of the epileptics, but in most of these cases he considers both the aphasia and the epilepsy alike due to some developmental defect and advises a careful search for mechanical impediments to speech. If the patients do not then respond to treatment an unfavorable prognosis should be given. In cases of cerebral paralysis attempt should be made to educate the uninjured hemisphere whenever there appears to be any possible chance of improvement. The head circumference in all the cases classed as microcephalic was less than seventeen inches, and aphasia was simply due to apraxia.

TETANUS. J. M. Anders and A. C. Morgan, Philadelphia (Journal A. M. A., July 29).

The authors give a preliminary report of their statistical study of 1,201 cases of tetanus, collected from the literature and by direct correspondence, with special reference to the incidence of the disease in the United States. They find convincing proof that tetanus is invariably the result of the introduction of the germ, and that the so-called rheumatic or idiopathic tetanus does not exist. They also find that it is endemic in all large centers of population, that in some localities where it was formerly common, notably in Long Island, it has become rare, and that occasional small epidemics, traceable to a definite source, occur in limited localities, as for instance, in hospitals, etc. It appears also that tetanus is more prevalent in the hotter part of the year, that males are more subject to it than females, and that it is less frequent in advanced age. The robust are more susceptible than the weak, and the nervous than the lymphatic. There is much evidence that the disease is transmissible and may give rise to epidemics. The germ, Nicolaier's bacillus, is rarely introduced by the alimentary tract, but usually through open wounds, all parts of the body being very susceptible. A number of interesting clinical features observed in the cases collected are related, and it was noticed that the characteristic symptoms, especially trismus, were generally present. The diagnostic importance of the tonic contractions as opposed to the intermittent ones in certain other conditions that stimulate tetanus, such as strychnine poisoning, is emphasized. The authors found that their studies supported the earlier ones as regards the mortality, which decreases gradually after the tenth day and rapidly after the fifteenth. The study showed clearly the value of immediate radical local treatment, and that the most important

thing is to open the wound freely in all directions under general anesthesia. Many patients were more or less benefited by the local carbolic acid treatment, and some observers report good results from the local use of ice or freezing mixtures or treatment in a cold room. For palliative treatment, chloral and the bromids appear to have been most extensively used. Calabar bean has been much employed, and also morphin, which should be used with caution on account of its inhibitory action on the respiratory centers. There is no question as to the value of antitoxin as a prophylactic; the testimony is uniformly in its favor. It should be used in any case in which there is suspicion of tetanus infection. In a well-developed case of the disease it has no appreciable beneficial effect, neither reducing the mortality nor hastening recovery.

EPILEPTIFORM ATTACKS COMPLICATED BY DOUBLE OVARIAN TUMOR. Russell (Glasgow Medical Journal, February, 1905).

The author reports the case of a woman, 31 years old, who had in October, 1899, a typical epileptic attack. About three years before that time she had had her first attack, and for a year had suffered a repetition of it at each menstrual period. Then for two years she was free from attacks. In November, 1899, she had two fits just before the menstrual period, although she had been dieted and put on bromides. In 1903 she had had but a few fits and was in good health. In May she had an acute attack diagnosed as peritonitis and abdominal tumor, torsion of the pedicle probably being the cause of the peritonitis. The tumor increased rapidly, and in July a large ovarian tumor was removed from the left side and a small tumor from the right ovary. She made an uneventful recovery, and has taken up her work as medical attendant without any recurrence of the epileptiform attacks.

PERIPHERAL NERVE SYPHILIS. J. Grinker, Chicago (Journal A. M. A., July 15).

The author reports the case of a man, aged 40, with history and traces of anterior syphilis suffering with right trigeminal neuralgia, right-sided peripheral facial paralysis and neuritis of left sciatic and left anterior crural nerves. The combination of nerve affections undoubtedly pointed to syphilis as their cause, though two months' vigorous antisiphilitic treatment failed to give relief.

JELLIFFE.

A CONTRIBUTION TO THE PATHOLOGY OF ALCOHOLIC NEURITIS. Harlow Brooks (The Medical Brief, July, 1905).

The author, in a very interesting paper, reports the results of investigations, in connection with Dr. Lambert, upon several selected cases. Contrary to the very prevalent idea, the lesion is found to be central rather than peripheral. The ganglion cells of the cortex, particularly of motor area, exhibiting more or less marked degenerative change. The process may be traced downward through internal capsule and descending tracts of the cord. With the ganglion cells of the anterior horns, and isolated fibers of the anterior nerve roots, marked degenerative changes are apparent, as also of ganglion cells of the posterior root ganglia. Occasional fibers in the ascending tracts, especially of pronounced cases of this type of neuritis, exhibit degenerative processes. The peripheral nerve lesions, apparently, are secondary to those of cord and posterior root ganglia. The result of these investigations serves to confirm the earlier opinions regarding this disease, and offers a satisfactory explanation of the so-called "Korsakoff syndrome."

J. E. CLARKE (New York)..

A CASE OF MYOPATHY WITH MENTAL DEFICIENCY. Ernesto Tramonti (Gazetta degli Ospedali, May 14, 1905)..