

HYSTERICAL APPENDICITIS AND PERITONITIS. (Medical Week, Paris, April 2d, 1897.)

At two meetings of the Société Médicale des Hospitaux, Dr. Rendu called attention to the above condition. Dr. Talamon (Medical Week, April 2d, 1897) discusses the difficulties entering into the diagnosis of appendicitis complicated by the presence of hysteria. In one of Dr. Talamon's cases operation was performed; recurrent appendicitis was present.

Dr. Talamon suggests that two kinds of cases are to be distinguished. First, those in which hysteria is the only cause of the condition, there being no lesion of the appendix—hysterical pseudo-peritonitis. Secondly, cases in which with mild appendicitis the symptoms are exaggerated by hysteria so as to suggest the presence of perforative appendicitis and diffuse peritonitis.

In the same connection Prof. Hayem reports a case of incoercible vomiting lasting for more than a year, and finally developing into symptoms indicating the presence of appendicitis. An operation for appendicitis was performed. The appendix was found enlarged and adherent, but no trace of pus was visible.

This case is in favor of Dr. Rendu's contention that vomiting in hysterical subjects should not always be considered as of purely nervous origin; in some cases it may have an appendicular cause.

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#### RHEUMATISM AND CHOREA

Churton (Brit. Med. Jour., Sep. 19th, 1896), from an examination of 552 cases of rheumatic fever, and 157 cases of chorea, together with a study of the current literature on the subject, deduced the following conclusions: (1) The postulated toxin (x) being accepted as an essential element in the causation of rheumatism, depressing conditions (y) determine the first position or locus of the disorder—that is, what cells or tissue (z) the toxin shall strike. (There is probably a quite separate and independent causation for (x). In 91 cases of rheumatism in which the incidence of the chill, strain, etc., was recorded with precision, and also the joints or parts first affected, it was seen in every case—or with very few, and doubtful, exceptions—that the part receiving the impact of the conditioning cause was the first to become disordered by the toxin—for example, wetting of feet always caused arthritis first in the lower extremities; of shoulders, in the upper extremities. (2) If (x) and (y) are given, the position of (z) can be stated within certain limits. (3) If (y) is a fright, shock, or intense excitement, (z) will be the nervous system; in the developing brain of a child the result is usually chorea; in adults it may be delirium or coma, perhaps hyperpyrexia. (4) Arthritis or endocarditis may follow the nervous disorder, since the symptoms themselves may become causes of depression of the tissues, and thence of multiplication of micro-organisms and toxins. (5) Similarly chorea may follow arthritis; but (6) arthritis is never the first result of fright; and (7) chorea is never the first result of chill, unless fear or brain excitement accompanies the chill. (8) A man who, being rheumatic, and having no other known disease, is accidentally subjected to strong excitement—a quarrel—and in a few hours develops chorea, is an "experiment devised by nature" to prove that the essential cause of the two disorders is the same, and that only the conditioning (localizing) causes are different. In non-rheumatic persons, even young children, brain disturbance does not cause chorea.

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