

motives, the symptoms and the usual after-effects exhibited by a kleptomaniac, the pages of a medical book surreptitiously conveyed to her by an accomplice.

METTLER (Chicago).

### Miscellany

ACROMEGALY. D'Orsay Hecht, Chicago (Journal A. M. A., Nov. 4).

The author reports a case of acromegaly in a young woman aged 24, which is of interest in presenting a family history of tendency to malignant disease. There were persistent headaches since childhood and the appearance of the acromegalic symptoms followed severe mental strain and typhoid fever. The headaches were unrelieved by glasses which had been worn for ten years for myopia, and the pupils presented the anomaly of being small and unaffected by light, accommodation or mydriatics. This prevented the thorough examination of the fundus which, however, apparently showed no peculiarities unconnected with the existing myopia.

PSEUDOSCLEROSIS (DIFFUSE SCLEROSIS. C. S. Potts and W. G. Spiller, Philadelphia (Journal A. M. A., Nov. 11).

The authors' review the literature of the so-called pseudosclerosis of Westphal and report a case, with autopsy. They reproduce Frankl-Hochwart's diagnostic comparison of the two types of pseudosclerosis and diffuse sclerosis and point out their clinical resemblance. Their pathologic similarity is even closer, as Dr. Spiller shows in his pathologic report, and remarks on the case. "It is evident," he says, "that sharp distinction between the findings of pseudosclerosis and those of diffuse sclerosis can not be made, and that the differences are probably chiefly in the degree of the alteration and not in the character of the alteration. The unusual firmness described in some of the cases of pseudosclerosis must be caused by a proliferation of the neuroglia, even though this proliferation can not be detected by the microscope." The case reported, he says, may be regarded as one of pseudosclerosis, or at least as a transitional form. The pathologic diagnosis was hardening of the brain and cord, chronic diffuse nephritis, gummata of the liver, acute serous pericarditis, and fibrinous pleurisy.

CAMP.

DEATH BY ELECTRICITY.

The *Deutsche Med. Zeitung*, No. 73, has a paragraph referring to two deaths caused by contact with a "live" electrical wire. The chief interest lies in the declaration that such accidents are not necessarily fatal, and the opinion that the first case would not have been fatal if artificial respiration had been properly performed and persevered with. A youth of 16, strong and healthy, just to amuse himself, thoughtlessly touched a wire that ran into ground and that generally was not alive. Occasionally, however, a current of 500 volts ran through it, as its use was to carry a current to earth on occasion of some break in the insulation. He first touched the wire with his finger tip, then with the whole of the right hand without saying anything—and it is supposed, without feeling anything. He laid hold of it again and immediately called out, was seized with convulsions, and fell against the wall. Several minutes elapsed before he could leave go of the wire, and on doing so fell down unconscious, but still breathing feebly. The bystanders attempted artificial respiration, but no medical assistance was sent for. The autopsy showed no burning of the skin, a comparatively bloodless brain without edema, several patchæ on the heart, moderate fulness of the right heart, tenseness of the vessels behind, filling of the large vessels with fluid and clotted blood, moderate frothy edema of the lungs, nothing characteristic, in short, except the signs of suffocation.

It was ascertained that immediately after the tragedy the wire contained no current. It was assumed among the technical experts that the accident was due to a so-called "vagabond current," such as sometimes branched off from the main current in wet weather.

The author was convinced that with artificial respiration properly conducted under the direction of a medical man, the boy's life might have been saved, in the same way as in a case pointed out by D'Arsonval, where a man who had received a current of 4,500 volts, and who had been unconscious for hours, was saved.

The second case was that of an electrical artificer, who by coming carelessly into contact with a transformer and not in the regular current circuit, but near to it fell forward with a cry of pain and was dead. The autopsy showed burns on the arm affected, bloodlessness of the brain, a good deal of edema of the pia mater, a flaccid empty heart, and excessive hemorrhagic edema of the lungs. In this the cause of death was cardiac and not from suffocation. In both cases the wire in question was not protected by insulation. The author points out that in all parts carrying a high tension current efficient insulation should be demanded.

JELLIFFE.

PERIODIC PARALYSES. G. E. Holtzapple (Journal A. M. A., Oct. 21).

The author refers to the literature of this subject and gives an interesting account of a family of which he had the record of for four generations and had observed for twenty-two years. Seventeen of the members of this family had the typical periodic paralysis, six of them dying in an attack. A number of others were sufferers from migraine. The attacks were of the characteristic type, the severer ones involving all the muscles except those of the face, eyes, tongue, the organs of speech and deglutition, and the rectal and vesical sphincters. Others were more or less permanently crippled by the disease. The pathology of the condition is discussed, the author being inclined to consider it as a vasomotor neurosis affecting the blood supply of the anterior horns, which are supplied almost wholly by the anterior spinal artery. The slow progressive permanent paralysis which occurred late in life in two of the cases reported, he thinks is due to slow degeneration of these horns from the frequent disturbances of nutrition. The paralysis in these cases seems to him to be closely allied to the local paralyzes accompanying migraine, and thinking that there might be an active toxin from the gastrointestinal tract at work he made careful urinary examinations in six of the paralytic cases, in three of those suffering from migraine, and in five of the healthy members of the family. The average quantity of urine voided in all the average output of urinary solids appeared to be the same. There was, however, a noticeable difference in the urea elimination in the paralytic individuals and in these directly after the attacks. It appeared that these patients do not excrete the normal quantity of nitrogenous metabolic products. It will require further observations to determine the exact degree of relationship, if any, between the diminished urea excretion and the paralysis. With the idea that the attacks were due to a vasomotor spasm he resolved to try large doses of bromid, preferably of potassium,  $\text{Kss}$ , with one or two grains of citrate of caffein repeated in one or two hours. This gave decided relief, and helped to abort the attacks; small doses were never tried.

CAMP.

BRAIN INJURIES. D. C. Peyton (Journal A. M. A., Oct. 14).

Peyton points out the indications for operative interference in cases of brain injuries. He holds that surgery is called for when there is evidence of hemorrhage or symptoms of compression, either from hemorrhage, depressed bone, or the presence of a foreign body, and emphasizes his opinion that in cases with symptoms of serious brain injury the danger to the patient of an exploratory opening with the observance of the highest degree of aseptic technic, is infinitely less than the unreasonable delay that is frequently permitted while waiting for definite diagnostic symptoms. He urges the importance of the surgeon watching the symptoms very closely from the beginning until he can assure himself that no injury has occurred within the cranial walls. Two cases are reported, one of gunshot wound with extensive comminution of bone in which the fragments were removed and