Dertscope

Miscellany

THE GRADUAL CURE OF HYSTERICAL PARALYSIS. H. T. Pershing (Journal A. M. A., May 11).

The sudden cure by suggestion or otherwise, of hysterical paralyses, however practicable and tempting in cases in which one can be sure of the diagnosis and of his power to impress the patient, is not the one to be generally chosen. Failure may compromise future success, and too prompt success may have its disadvantages in depriving the patient of the discipline and enlightenment that are necessary to a permanent cure. The safer way is more gradually to arouse and exercise the dormant kinesthetic centers, overwhelmed by inhibitory impulses from other centers, due to the perverted emotional conditions and ideas, by first raising the emotional tone, encouraging the patients to believe they will recover, and if such cheering is opposed or resented, appealing to their *amour propre* by judicious suggestions. The physical measures—rest, food, tonics and sedatives—while of great importance, are sometimes overvalued, he thinks, but both mental and physical treatment should be employed in these cases in harmonious combination. While doing this, the dormant kinesthetic centers can be acted on specifically by sensory stimulation. Hysterical anesthesia is not absolute and strong faradic currents, applied to the skin and muscles, followed by vigorous and even rude, passive motion of the affected limb, have a powerful tendency to restore the lacking sensations and ideas of motion. The patient's close attention should be directed to the anesthetic part and every slight beginning of sensation noted. This will tend to bring the cortical sensory centers again into relation with the other centers in the cortex. After awakening some degree of normal sensibility and overcoming inhibitory fears, the cure can be completed by exercise in voluntary motion. If the paralysis is nearly total it is as well to let the first attempts be favored by gravity, which will assure some motion and encourage the patient to increase it. A beginning once made, the attempts can be gradually increased, every encouragement being given, till at length some normal control is obtained, and the patient is able to practice some assigned exercises in the physician's absence. The length of time taken in accomplishing the cure may be made an advantage by using it to carry on a re-education in composure and self-reliance, without which permanent recovery is impossible. Two cases of typical hysterical paralysis are briefly described in which this method had been employed with complete success.

SYRINGOMYELIA, EXTENDING FROM THE SACRAL REGION OF THE SPINAL CORD THROUGH THE MEDULLA OBLONGATA, RIGHT SIDE OF THE PONS AND RIGHT CEREBRAL PEDUNCLE TO THE UPPER PART OF THE RIGHT INTERNAL CAPSULE (SYRINGOBULBIA). William G. Spiller, M.D. (British Medical Journal, Oct. 20, 1906).

The interesting features in this case are found in the pathological study.