

267. **UEBER PUPILLENSTARRE IM HYSTERISCHEN ANFALLE NEBST WEITEREN BEMERKUNGEN ZUR SYMPTOMATOLOGIE UND DIFFERENTIALDIAGNOSE HYSTERISCHER UND EPILEPTISCHER ANFÄLLE** (On Immobility Pupils in Hysteria, with notes on the Symptomatology and Differential Diagnosis of Epileptic and Hysterical Attacks). J. P. Karplus (*Jahrbücher für Psychiatrie und Neurologie*, 17, 1898, p. 1).

Karplus here presents an extended series of observations with critical clinical histories of some eighteen cases of hysteria. Particular attention is paid to the condition of the pupils. In general he is opposed to the view that immobility of the pupils is of diagnostic value in the differentiation of hysteria and epilepsy, stating that in the attacks of hysteria major the pupils may be found to present exactly the same phenomena that are to be found in epileptic convulsions. In the consideration of hysteria without convulsions he shows that in these cases, three in number, the patients "lay as if dead" with closed lids, and in all of them there was immobility of the pupils to light.

Similar conditions were noted in the cases of hysteria with convulsive respiratory movements in which there was no loss of consciousness, also in cases with partial seizures and in still milder cases. The symptom has been found by him to be quite a common one in various hysterical conditions.

He further speaks of immobility of the pupils as a cortical phenomenon, believing that both dilatation and contraction have their representatives in the cortex, and that if for any reason the impulses from the cortex to the smooth muscle fibres of the iris are cut off, a condition of cramp exists in the iris musculature which is the basis of the phenomenon in question. Thus in a hysterical condition, a condition of cramp exists in the iris musculature similar to that found in the limbs whereby an analogous loss of the patellar reflex may be noted.

JELLIFFE.

268. **ZUR LEHRE VOM RUECKENMARKSABSCESS.** Concerning Abscess of the Spinal Cord. H. Schlesinger (*Deutsche Zeitschrift für Nervenheilkunde*, 10).

This case of abscess of the spinal cord reported by Schlesinger makes the tenth now on record. A woman of twenty-eight years was suddenly paralyzed in both lower extremities, and had complete loss of sensation and much pain in these parts. She had also a girdle feeling, rigidity of the muscles and tenderness on pressure of the vertebral column. Vesical paralysis and decubitus were noted. Death occurred about nine weeks after the beginning of the acute symptoms. At the autopsy an abscess, due to staphylococci, was found in the sacral and lumbar regions, extending into the lower thoracic portion of the cord. Peculiar foci were observed in the lower thoracic region, which were believed to be due to anæmic necrosis. A moderate degeneration was traced along the anterior fissure, through the thoracic into the cervical region, and was believed to represent the fibres of Marie's ascending sulcomarginal bundle.

SPILLER.

269. **DERMATO-NEUROSES.** (Savill. *Clinical Journal*, March 2d and 9th, 1898).

In two clinical lectures the author groups dermato-neuroses into "(a) those in which the lesion is situated in the course of a peripheral nerve (sensory or mixed); (b) those where the lesion is probably situated in the central nervous system (brain or cord); (c) those where the lesion is to be found at the end of the centrip-