

PATHOLOGICAL.

Further Researches on the Ulnar Symptom in Lunatics.

—Goebel (*Neurolog. Centralblatt*, 1895, No. 16).

In the *Neurologisches Centralblatt*, 1894, No. 7, Biernacki published a short notice on analgesia of the trunk of the ulnar nerve as a symptom of tabes. Examination is made in the following manner: The patient's forearm is held semi-flexed on the arm, the physician then takes hold of the patient's elbow and presses with the index finger upon the trunk of the ulnar nerve, where the latter passes in a groove over the internal condyles of the humerus.

Under normal conditions this pressure causes a stinging pain which is felt as far down as the tip of the small finger. The degree of pain felt expresses itself in the physiognomy of the patient, a fact which gains importance in the examination of lunatics from whom we frequently can only in this manner gain information of the effect produced.

G., after the examination of a large number of lunatics (stupor, dementia with excitation, melancholia, confusion, alcoholism, epilepsy, progressive paralysis) reaches the conclusion that the ulnar analgesia is a pathognomic phenomenon, a helpful test for securing the diagnosis of progressive paralysis in men. It is not absolutely characteristic of this disease as it is also met with in other abnormal mental conditions, especially in epilepsy (it was present in 80% of fifteen cases of the latter disease). When, however, there is suspicion of progressive paralysis, the presence of the analgesia seems to speak in favor of the existence of this organic psychosis, while its absence speaks against it.

G. thinks that it would be worth while to study the value of the symptom for the demaskation of simulators and for the distinction of epileptic from hysterio-epileptic attacks.

ONUF.

Cerebral Palsies of Childhood.—T. Diller, M.D. (*The Medical and Surgical Reporter*, April 13, 1895).

After a resumé of the subject as discussed in the text-books of Dana, Gowers, Henoch, Strumpell and others, the author details the histories of seven cases of cerebral palsy, whose most prominent clinical features are shown in the table following:

Case.	Age at onset.	Mental condition.	Moral condition.	Paralysis.	Epilepsy.	Time bet. 1st & 2nd convulsions.	Athetosis.
1	8 months.	Bad.	Bad.	L. H.	Yes.		
2	2 years.	Good.	Bad.	L. H.	Yes.	3 years.	Yes.
3	Birth.	Slight.	Good.	R. H.	Petit mal	4 years.	Yes.
4	8 months.	Dull.	Good.	L. H.	Yes.	No long interval.	No.
5	6 years.	No change noticeable.	No change noticeable.	R. H.	Convulsions only at onset.		No.
6	6 years.	Fair.	Good.	R. H.	Yes.		Yes.
7	1½ days.	Fair.	Good.	None.	Yes.	14 months.	No.

All of these cases, except in birth palsies; began with convulsions, immediately followed by hemiplegia. Two began at eight months, one at two years, and two at six years. In only two cases (5 and 7) was either mental or moral deterioration noted. In all cases, excepting case 5, epilepsy is present. In cases 2, 3 and 7, intervals of three and four years, and fourteen months respectively intervened between the initial and the second convulsion. Athetosis is present in three cases; aphasia in one.

MEIROWITZ.