FOCAL FACIAL EPILEPSY. MCCARTHY AND FRANCINE (Phil. Med. Jour., June 14, 1902).

A case of focal epilepsy, affecting the right side of the face and tongue, followed by a paralysis of these parts which endured from three to five minutes, is reported by these observers. This case, which was that of an old woman, was interesting on account of the paralysis which followed a localized convulsion. The first attack, which was possibly hysterical, followed an accidental wound in the scalp made by a hatpin, but considering the differential diagnosis of an organic lesion from hysteria, it was believed that reflex epilepsy might have been caused by intense pain. On account of the unique distribution of the paralysis in this case the authors believe that there is a small lesion of gradual development localized in the left motor area in or near the face center, which, while not sufficiently developed to cause serious disturbance of the function of the motor cells for the face and tongue, yet by irritation may lead to paroxysmal convulsions followed by paralysis.

W. B. NOYES.

TOE REFLEX. H. LEVI (Münch. med. Woch., May 27, 1902).

According to this author the Babinski toe-reflex, which is a dorsal flexion of the big toe after irritation of the plantar surface of the foot, is not entirely reliable as an indication of a lesion in the pyramidal tract. The reaction was positive in six per cent. of the cases where disease of the pyramidal tract could be definitely excluded, and only eighty-six per cent. gave a distinct primary plantar flexion. A plantar flexion is always present in functional diseases, but only in a certain number was a Babinski present, and in paralysis agitans, Huntington's chorea and epilepsy it never occurred. This phenomenon was present in two cases of recent hemiplegia, disappearing in a few days, while the paralysis gave place to a paresis, not of a functional nature, however. As no Babinski could be obtained in many cases one would be led to suppose that increased knee-jerks do not invariably signify pyramidal destruction, but on the other hand quite a number of cases are on record where there was a Babinski and without knee-jerks.

JELLIFFE.

REST IN BED IN EPILEPTIC DELIRIUM. E. MARANDON (La Sem. Méd. 1902, No. 21).

This author reports nineteen cases of epilepsy treated by rest in bed during delirium. Of these only one could be said to have received distinct advantage from this treatment. This patient's condition was so improved that the crises which before had lasted five days, when there were hallucinations of sight and hearing, refusal of food, complete sleeplessness, etc., were reduced to only three days and were much less severe. The third seizure after the use of this treatment was one of purely motor elements. The appetite of the patient was good and insomnia was not present. There was no further evidence of the crises of delirium. In three other cases the treatment did not show such good results, the crisis lasting longer, although it was perhaps less severe, but there was not constant relief. In ten cases the method proved absolutely useless and in four it was distinctly harmful. From his observation of these patients this author has adopted a varying course in the treatment of such cases. After the first active crisis, during which he observes the duration, intensity and general symptoms, if he does not think rest in bed will be conducive of benefit to the patient he does not hesitate to refuse to prescribe it, recommending instead isolation and quiet, which are generally better suited to the desires of the patient than if required to remain in bed.

JELLIFFE.