tendency to slight swelling and increased warmth of the paralyzed limbs, while in the chronic stage coldness and lividity, with glossiness of the skin, are the rule. In speaking of other trophic disturbances in hemiplegia (particularly of muscular atrophy), however, he calls attention to the fact that in every case the brain lesion has been quite extensive, and this seems to have been the rule also in the cases of edema in hemiplegia which have been reported.

The circulation of both blood and lymph is favored by the action of the muscles; hence, loss of power in the muscles on the one hand, and failure of vasomotor control on the other, would seem to be responsible for the production of stasis and edema on the paralyzed side. As to why this so rarely occurs, however, we have no definite information.

147. ANALGÉSIE ÉPIGASTRIQUE PROFONDE CHEZ LES TABÉTIQUES (Deep Epigastric Analgesia in Tabetics). Prof. Pitres (Journal de Médecine, 70, 1899, p. 60).

Pitres has added a new sign of some importance to the symptomatology of tabes. The sensation of anguish, leading sometimes to unconsciousness, which follows a blow on the epigastrium is well recognized. But in certain pathological conditions, the deep epigastric sensibility, normally so acute, is completely absent. In cases of this kind one can make forcible pressure over the pit of the stomach, or strike the epigastrium violently with the fist or a hard body, without causing the patient any discomfort. Deep epigastric analgesia exists in a very high degree in a large number of cases of hysteria. This explains the indifference with which the convulsionnaires of Saint-Médard strike themselves on the stomach with stones or bars of heavy metal. This deep analgesia is not only found in hysteria, but is met in a certain number of cases of organic maladies of the nervous system, notably in general paralysis and in sclerosis, but in tabes its frequency is relatively great. In this last malady in particular, Pitres has found the epigastric sensibility very much diminished, twenty-two times in fifty cases, that is to say, in almost half the cases, and completely abolished nine times in fifty cases. This analgesia does not appear to be associated with any sensitive trouble, anesthesia of the skin, loss of abdominal reflex or gastric crises. The only functional trouble with which it appears the most habitually associated, is loss of hunger sensation. It is difficult to explain this loss of sensation—and also the analgesia of the testicles, breasts and anesthesia of the bladder, urethra and rectum. It is probable that these conditions are due to a visceral neuritis analogous to the peripheral neuritis which causes in tabes certain disturbances of the special or general senses.

FREEMAN.