MEDICINE.

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DEATH FROM LARYNGEAL SPASM IN A CASE OF HYSTERIA.

LEO (*Deutsche medicin. Wochenschrift*, 1893, No. 34, p. 809) has reported the case of a man, twenty-one years old, who had long suffered, particularly in the morning on arising, from headache and vertigo, unattended with vomiting. At the age of eleven years he had had an attack of chorea, involving the left upper extremity and the left side of the face, and lasting ten weeks. At the age of eighteen years, a week after receiving a blow upon the head, twitching again appeared, beginning in the fingers and successively invading the left upper extremity and the left lower extremity; the muscles innervated by lower branches of the left facial nerve, and to a slighter degree the upper branches; and from time to time appearing in the trapezius muscle. These manifestations disappeared after a course of treatment with potassium bromide. Two years later the twitching recurred with loss of consciousness, it was said, and lasted ten weeks. It then remained absent for nearly a year, when it returned, with headache and vertigo, but without loss of consciousness. Persistent clonic twitching was observed in the triangularis menti. The tongue presented slight choreic movements, but was protruded in the middle line. The left upper extremity was thrown about by alternate tonic and clonic movements. The tonic spasm involved particularly the flexors of the fingers and of the hand. There were also clonic movements in the thigh and leg of the left side. Tonic spasm was present in the muscles of the trunk, giving rise to a certain degree of bowing of the body. There were no contractures and no impairment of motor power. On examination it was found there was complete anæsthesia of the upper and lower extremities of both sides, and in less degree of the left side of the face and head. The reflexes in the upper extremities could not be elicited with certainty; those in the lower extremities presented no abnormality. The fundus oculi and the fields of vision were normal. Three days later the patient had a convulsion in which the head was thrown back into the pillow and the trunk slightly raised from the bed, while active movements took place in the muscles supplied by the facial nerve, particularly in the triangularis sterni. The arm was raised and abducted and the forearm flexed on the arm, with tonic spasm in the extensors of the second and fourth fingers. In the lower extremity there was tonic spasm of the muscles of the calf, the tip

of the foot being turned downward. There were also clonic convulsions in the quadriceps femoris. Convulsions of a similar nature recurred once or twice daily for some time. Treatment with narcotics and electricity proved unsuccessful. Considerable improvement, however, followed the subcutaneous administration of hyoscine hydrobromate, of which at first gr. $\frac{1}{100}$ was used daily, and subsequently gr. $\frac{1}{150}$. The spasm diminished in frequency and severity, but the anaesthesia persisted. After the lapse of a month another left-sided convulsion occurred, for the control of which subcutaneous injections of morphine were employed. Twenty-four hours after this attack, another of even greater intensity occurred, marked by intense inspiratory dyspnoea, deep cynnosis, retraction of the neck, chest, and abdomen, together with singultus. Attempts to induce artificial respiration failed, and amid increasing dyspnoea death took place. Upon post-mortem examination the brain and membranes presented no abnormality other than slight oedema and hyperaemia. The larynx contained no foreign body and was not oedematous, but the vocal bands were firmly adducted, so that water could not pass the rimn. The hysterical nature of the affection was recognized during life, and the post-mortem examination afforded a confirmation of the diagnosis.

PSEUDO CEREBRO-SPINAL SCLEROSIS OF MALARIAL ORIGIN.

TRIANTAPHYLLOIDES (*Archives de Neurologie*, xvi., No. 79, p. 232) has reported the case of a man, thirty-six years old, who was seized with malarial fever, at first of regularly quotidian type, but later of irregular type, compelling him on account of debility to take to his bed between the twentieth and twenty-fifth days. Upon examination at this time the man was found to present the facies of paludal cachexia. The expression was pathetic and weeping was frequent. Speech was slow and scanning, just as in cerebro-spinal sclerosis. In repose the patient presented no tremor, but upon attempted movement there resulted tremor proportional to the extent of the movement. Nystagmus was present. When the patient was assisted to raise his head he was seized with vertigo, trembling of the whole body, muscular rigidity, and beginning loss of consciousness, but an epileptiform seizure was averted by lowering the head. The tendon-reflexes of all four extremities were exaggerated. Common sensibility and the special senses presented no deviation from the normal. The liver and the spleen were enlarged, the latter being palpable and indurated. The tongue was moist and but slightly coated; the appetite was lost; the bowels were constipated. The treatment consisted in the subcutaneous injection daily of twenty-two grains of quinine dihydrochlorate. After the second injection the patient was able to raise his head without the development of the premonitory symptoms of an epileptiform seizure, and after the fourth injection the vertigo was so much relieved that he could hold himself erect for several minutes at a time. The intention tremor was also less pronounced, the general *morale* was improved and the appetite was returning. After the fifth injection had been given, quinine was also administered by the mouth in daily doses of eighteen grains. Four days later the patient was able to be about, supported upon a cane. In walking, the gait was that of postero-lateral sclerosis, the rigidity in the lower extremities disappearing when the patient was at rest. The vertigo was now