

## Periscope.

### CLINICAL NEUROLOGY.

4. LE DIAGNOSTIC DIFFERENTIEL DE L'APOPLEXIE HYSTERIQUE ET DE L'APOPLEXIE ORGANIQUE (The Differential Diagnosis Between Hysterical Apoplexy and Organic Apoplexy). J. Crocq (*Journal de Neurologie*, No. 21, 1899, p. 410).

There are cases of apoplexy in which in the beginning of the "insult" it is impossible to say whether the affection is organic or hysterical. By apoplexy Crocq means a sudden loss of consciousness, sensation and motion, without much alteration of respiration or circulation. Crocq refers to a case previously reported by him. A hysterical woman of 24 years had an apoplectic attack; she remained forty-eight hours in coma, with stertorous respiration, congestion of the head, left hemiplegia, apparently paralysis in the lower part of the distribution of the right facial nerve, and paralysis of the tongue. The lower limb (left (?)) became contracted after about thirty-six hours. Consciousness returned after forty-eight hours and respiration became less difficult. Sensation returned in the sound side on the third day, but the paralyzed side remained anesthetic. Deglutition and speech were impossible, and pressure in the ovarian regions was painful. The symptoms disappeared as if by magic. Faradization given daily led to complete recovery within ten days. The case was at first believed to be one of crossed paralysis of pontile origin, but the diagnosis of hysterical apoplexy was believed by the third day to be positive on account of the rapid amelioration, the recognition of the facial condition as one of spasm, the anesthesia of the left side of the body with normal sensation in the face, the pain on pressure in the ovarian region, and the contraction of the lower limb.

Crocq reports another case in which the diagnosis was difficult. A woman of 50 years had had left hemiplegia for a year and a half, involving the left side of the face, without disturbance of sensation. The paralysis began with an apoplectic attack and contracture of the left lower limb developed. Faradization applied once caused the contracture to disappear, and the limb that had been immobile in flexion for a year could be moved with considerable power. How much of the patient's condition was organic and how much hysterical could not be determined.

He reports another case of apoplexy occurring suddenly in a hysterical man without any organic lesion being found at the necropsy.

SPILLER.

5. LE PRURIT ET LA TRICHOTILLOMANIE CHEZ LES PARALYTIQUES GENERAUX (Pruritus and Trichotillomania in General Paresis). Ch. Feré (*Nouvelle Iconographie de la Salpêtrière*, July and August, 1899, No. 4).

Lesions of the skin are by no means rare in general paralytics. The most frequent are the erythematous or bullous eruptions, purpura, herpes zoster. Outside of these, however, are the lesions of less severe character, which belong to the class of dermato-neuroses. The pruritus is less often found among general paralytics than is commonly supposed. In twenty-six cases, it was found only three times. Trichotillomania is defined by Hallopeau as an affection characterized by an intense pruritus in all the hairy parts of the body, and by a true vesania, which not only compels the patient to scratch, but to tear and pull away the hairs near their point of emergence from the skin. There results,

therefore, an artificial alopecia. Neither the skin nor the hair shows any pathological appearances whatever.

The case quoted to illustrate this condition is that of a general paralytic 37 years old, with the usual symptoms. Following an epileptiform attack, he lost considerable weight. Shortly afterwards, upon examination, a large part of the pubic and genital hair was found to be absent. A pruritus evidently existed. No lesion in either the skin or hair could be found. This condition continued for a few months, when it suddenly ceased, without any definite cause. The hair soon grew again.

Autointoxication was thought of as an explanation, but on account of the failure of other symptoms was disregarded. The only explanation is, that we have to do with the primary localized pruritus in a general paralytic.

SCHWAB.

6. EIN BEITRAG ZUR FRAGE NACH DER EXISTENZ VON NOTHNAGEL'S KRAMPFCEUTRUM IN DER VAROLSBRÜCKE DES MENSCHEN (A Contribution to the Question of the Existence of Nothnagel's Convulsive Center in the Pons of Man). Hans Luce (*Deutsche Zeitschrift für Nervenheilkunde*, Vol. 15, Nos. 5 and 6, p. 327).

Whether or not irritation of the pons will produce true epileptic convulsions independent of the influence of the cerebral cortex is a question that has perplexed neurologists for years. Luce reports a case in which he observed chronic convulsions involving the whole musculature of the body, except the portions innervated by the sixth and seventh nerves. These general convulsions were believed to be the immediate result of an extensive pontile hemorrhage. Luce makes a careful study of the literature and concludes that pontile hemorrhages may cause general epileptic convulsions. These are produced by irritation of the motor pontile region; irritation of the fillet or tegmental area in the pons does not cause general epileptic convulsions. The pontile ganglion cells are endowed with epileptogenic properties, and convulsions from irritation of the pons are produced by means of these cells. The discharge of the pontile ganglion cells is conveyed to the cerebellar hemispheres by means of the middle cerebellar peduncles, and from the cerebellum to the spinal cord by means of the restiform bodies. The existence of subcortical epilepsy, as well as of cortical epilepsy, has been demonstrated in man. In genuine epilepsy the pontile gray matter is probably involved secondarily. The pontile convulsions are characterized clinically by less intensity of spasm, and by more involvement of the muscles of the trunk than of those of the limbs.

SPILLER.

7. UN CAS DE MERALGIE PARESTHÉSIQUE TRAITÉ PAR LE RÉSECTION DU NERF FEMORO-CUTANÉ (A Case of Meralgia Parasthetica Treated by the Re-section of the Femoro-cutaneous Nerve). A. Souques (*Revue Neurologique*, July 30, 1899, No. 14).

A young woman (saleswoman) of 21 years, normal in every way, found that she became very fatigued after a day's work. She was compelled to work twelve hours a day, during a large part of which she had to stand up. This occupation was followed for six years. She was compelled to change her employment, but with no special benefit. After a day of much fatigue, she felt in the left thigh at the level of the trochanter creeping and pricking sensations. These disappeared in a reclining position. Fifteen days afterward a sudden and severe pain attacked her in the same region, which prevented her from walking. This pain increased so much that morphine was required. These attacks of pain disappeared completely at times, especially when the