

**A CASE OF EPILEPSY, APPARENTLY OF NASAL ORIGIN.** Robert Craig (Montreal Med. Jour., April, 1902).

Patient, male, nineteen years old, had suffered from "nose bleed, headache and epileptic fits for five years." During the six months previous to treatment of naso-pharyngeal condition, which consisted of small ulceration in the right nostril on the anterior half of the septum, associated with a large septal spur pressing on the posterior half of the middle turbinal, and accompanying congestion in nose and pro-pharynx, the convulsive attacks became much more frequent and of increasing severity. Since removal of the obstruction, a period of one year, there has been no recurrence of headache, nose bleeds or epileptic attacks. Hack and others have reported similar cases exhibiting the relationship between nasal disease and epilepsy.

J. E. CLARK (New York).

**THE SILENT FORMS OF EPILEPSY.** William P. Spratling (N. Y. Med. Jour., Oct. 10, 1902).

The greatest medico-legal problem connected with epilepsy is encountered in its purely psychical forms, unaccompanied by any motor disturbance. No other disease of the nervous system calls for so accurate a knowledge of cerebral localization as epilepsy. The silent forms of epilepsy come from some disturbance in parts of the brain known as the "organs of the mind," presumably the frontal lobes. Two kinds of epilepsy may thus develop,—one the psychomotor epileptic equivalent, the other the psychical attack pure and simple. These mental seizures are apt to occur in persons of a neurasthenic type. People who forget in a striking and unusual way, who disappear for long periods of time and who find themselves with returning consciousness in a distant place, undoubtedly suffer from epilepsy of this nature. They have done nothing violent, there has simply been a lapse in conscious operations of the mind without any violence on the part of the body. Cases of silent epilepsy are not infrequent and are of great medico-legal importance.

W. B. NOYES (New York).

**HYSTERIA AND ORGANIC DISEASE.** Charles L. Dana (Med. Rec., Sept. 20, 1902).

The main objective stigmata and subjective symptoms of hysteria major are (1) the anesthetics; (2) the contractures; (3) the palsies and tremors; (4) the attacks, and (5) the peculiar mental state. The hysterical syndrome is oftenest associated with organic lesions due to trauma, but various symptom groups appear also with tumor of the brain, encephalitis, meningitis, multiple sclerosis, tabes and more rarely with inflammatory disease of the nerves. The different symptom groups are of variable stability. The anesthetics are the most mobile, fugacious and amenable to remedial measures. The paralyzes indicate a deeper and more stable affection. They show a greater tendency to remain fixed. Contractures may be fugacious and irregular, but when established are even more obstinate than the paralyzes. They do not disappear during sleep or moderate narcosis. The following case is reported by the writer: A woman had jumped from a window while drunk, and on admission to the hospital was delirious and paraplegic. Autopsy subsequently demonstrated a fracture of the first lumbar vertebra, and of the lowermost segment of the sacrum. The injury to the cord was slight, involving only its posterior portion. The symptoms were flaccid paraplegia, absence of knee-jerks, and anesthesia to the third dorsal level on the left, and twelfth dorsal on the right. The right side of the face and tongue were anesthetic. There was total amblyopia of the right eye. A case of a man crushed in the Grand Central tunnel accident, sustaining fracture of the tenth rib, contusion of the right knee, and a severe