

*The Pathology and Treatment of Certain Forms of Neuralgia.*

An elaborate article on this subject, by Dr. C. LANGE, of Copenhagen, has been published in the *Hospitals-Tidende*, Series 2, Band vii. pp. 701, 721, 781, 801, 821, and 849.

In several cases of sciatica, where the patient could not submit to a long course of treatment, Dr. Lange had recourse to an old remedy—cauterization of the helix of the ear, by means of Vienna paste, with strikingly good result. Eight cases in which this treatment was employed are related. In a case of reflex sciatica (from renal calculus), in one of recent peripheral sciatica, and in a very old case, the treatment was without essential influence, with, perhaps, the exception in one case of some temporary alleviation; in the other five cases, very remarkable relief from pain was at once obtained, and continued as long as the control could be maintained, until the case ended, in the course of a short time, in complete or nearly complete cure. The author admits that this treatment is attended with the disadvantage of leaving the ear deformed by scars.

Dr. Lange remarks that neuralgia in the region of the supra-orbital nerve presents a number of peculiarities which are generally not rightly estimated. Thus it presents an usually perfectly regular intermittent type. This is generally attributed to an assumed connection with malarious infection, which, however, the author believes to be by no means the rule, and certainly has not been the case in his experience. Another peculiarity is the tendency of the affection to periodicity. It is very common to see it appear for two weeks or longer, and then cease, returning after the course of several months. Sometimes it appears at certain times of the year. Moreover, the pain appears in many cases on both sides, either being first confined to one side, and then, after the course of some time, being felt in a slighter degree on the other; or commencing on both sides, and afterwards being limited to one; or, finally, affecting first one side and then the other. It attacks by preference young individuals; but the author has never seen a case under twelve years of age. The prognosis appears to be good, and the action of galvanism (the constant current, the anode being placed over the supra-orbital nerve) is well marked.

Regarding the diagnosis of tabes dorsalis in an early stage, Dr. Lange makes some remarks founded on a considerable number of cases, several of which are related. He gives first a case in which the initial pains were absent; this, however, he regards as being very rare. He next remarks that they by no means always commence in the legs. In the first case related in illustration of this fact, the pains began in the thorax, and afterwards affected the upper limbs; after this, there were anæsthesia of the chest and dysæsthesia of the hands; in the lower limbs, pains and anæsthesia did not appear until later. In the next case, the patient had for many years only pain in the chest, of a rather vague nature, and not presenting the character of intercostal neuralgia. In another case, there were at first constricting pains about the chest; then followed anæsthesia of the body and upper limbs, and ataxy of the arms; and, later on, pains and ataxy of the lower limbs. In another case, pain and dysæsthesia, and afterwards ataxy, occurred in the arms before the phenomena of the disease were met with in the legs.

Another circumstance which may cause difficulty in making the diagnosis of tabes in the earlier stages is the limitation of the symptoms to one side for some time. This also may be regarded as a rare occurrence; but that it may occur is sufficiently proved by a case related. In this case, the morbid phenomena first appeared in the trunk. Dr. Lange also relates several cases of rapid, truly acute tabes, not, as is usually the case with the cases described as acute, preceded by a premonitory stage. In one case, the disease appeared after exposure to cold and

damp (there was, however, a history of syphilis); in another, the patient was attacked during convalescence from an acute illness. Dr. Lange ascribes no small diagnostic importance to the absence of the knee-phenomenon. He relates, however, a case in which it was abnormally strong. He has had about eighty cases, of which four have been quite cured.—*London Med. Record*, Nov. 15, 1881.

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*Cardiac Symptoms of Chorea.*

Dr. O. STURGES (*Brain*, July, 1881) summarizes the several factors of the heart symptoms thus: 1. In the course of the chorea of childhood the heart's action is apt to become irregular or uneven, and its first sound to be followed by apex-murmur, which is variable in pitch, influenced by posture, seldom audible in the axilla or at the angle of the scapula, and which disappears along with, or shortly after, the chorea, the heart and the circulation suffering no injury. 2. This liability on the part of the heart to what, from its signs, would seem to be a functional disturbance, is independent of the violence or method of the chorea, but dependent upon the age of the patient, the younger children being the most, and the elder the least, liable, while beyond childhood there is little, if any, liability of the kind. 3. These heart-signs of chorea—acute rheumatism being excluded—give rise, as a general rule, to no symptoms whatever affecting the health or comfort of the child. They make no apparent difference to the prospects of recovery, or to the structural integrity of the heart. Nevertheless, choreic children having this murmur, and happening to die, either with or shortly after recovery from chorea, very commonly exhibit a beading of recent lymph on the mitral valve. Such, he says, are the chief statements which statistics seem to warrant. To these he adds another, which, so far as he knows, has never been statistically reckoned, but which no one will gainsay. It is, indeed, the most constant of all the heart symptoms of chorea, and met with at a later age than the rest. He refers to the acceleration of the heart and pulse.—*London Med. Record*, Oct. 15, 1881.

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*Paralysis of Hands and Feet from Disease of Nerves.*

In a paper read before the Medico-Chirurgical Society of Edinburgh, on March 2, 1881, Dr. GRAINGER STEWART has called attention to a form of paralysis, of which hitherto little has been known. He describes three cases of what he named peripheral paralysis; and, in one instance, he was enabled to verify his diagnosis by *post-mortem* examination.

In his own words, the clinical characters of this disease are “the co-existence of symptoms referable to the sensory, the motor, and the trophic functions of the nerves; the localization of the symptoms in the feet and hands, the intensity being greatest at the most distal points, and the affection corresponding to certain districts of the extremities, and not to the distribution-areas of particular nerves.” He remarks that such symptoms cannot be referred to disease, either of the brain or of the spinal cord; and hence he infers, by a process of exclusion, that the nerves themselves are involved. In the fatal case, the median, ulnar, and tibial nerves were particularly affected. Microscopically, it was found that certain bundles of nerve-fibres had undergone what appeared to be fatty degeneration. The axis-cylinder was swollen, and presented a number of rounded masses resembling colloid bodies in every respect. In some instances, these bodies had undergone fatty degeneration, and the result was the formation of compound granular corpuscles. Some of the nerve-fibres were completely destroyed, and were replaced simply by fibrous tissue. Secondary degeneration of the columns of Goll and of the direct cerebellar tracts was observed in the cord. Dr. Grainger