

## SENSORY DISTURBANCES IN EPILEPSY AND HYSTERIA.<sup>1</sup>

By E. D. FISHER, M.D.

Dr. Fisher said that in both conditions hemianesthesia might be present, but it was more frequent in hysteria. General or bilateral anesthesia was not uncommon. He found this condition often existing independently of any seizures, and reported two cases. The first was that of a woman aged seventeen years. She had a history of true epileptic seizures since her first menstrual period three years previously. Examination showed complete anesthesia of all forms of sensation over the middle of the forehead, both shoulders, the dorsal surface of both hands, and the extensor surface of forearms. The second case was that of a woman twenty-four years of age. A diagnosis of hysteria was made. There was anesthesia of both shoulders, dorsal surface of the hands, and extensor surface of the forearms. In both cases the condition was permanent, and probably of cerebral origin. It was evidently not of peripheral origin. In view of these cases and the literature on the subject, it would be well to examine for sensory symptoms in all cases of epilepsy.

### DISCUSSION.

Dr. P. C. Knapp said he had occasionally noted the presence of the sensory disturbance, of which Dr. Fisher spoke, in epileptics, where it seemed pretty clear that the attacks were of epileptic character, and not hysterical, and he thought we should probably find slight sensory disturbances oftener if we made careful comparative tests of the sensibilities of the two sides.

Dr. E. D. Fisher thought that when we examine the literature and find that in case after case of epilepsy reported by a large number of observers these permanent, and also transitory, conditions of anesthesia have been found, we must allow ourselves to accept the diagnosis of epilepsy in such cases, or we cannot come to any conclusion whatever.

He thought probably we are dealing with some central nervous disturbance aside from what we may call cases of chorea, epilepsy, or hysteria, that may lead us to think of a diffuse lesion, such as might manifest itself later as a case of

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multiple sclerosis. Thompson and Oppenheim are inclined to ascribe it all to cerebral disease, but again they have had cases similar to these Dr. Fisher had described, and the ultimate history has been that they turned out to be multiple sclerosis. Where the early diagnosis is a difficult one to make at the time, definite symptoms of multiple sclerosis may show later that we are dealing with a disease of a degenerative type.

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PURULENT ENCEPHALITIS AND CEREBRAL ABSCESS  
IN THE NEW-BORN, RESULTING FROM INFEC-  
TION THROUGH THE UMBILICUS.<sup>1</sup>

BY GUY HINSDALE, M.D.

The mother of the patient had had a painful pregnancy, and after labor lasting forty hours pus from the uterus followed the placenta. The child died on the thirteenth day, after symptoms of meningitis. All the surfaces of the cerebrum and cerebellum were covered with a fibro-purulent exudate; a pus cavity was in the left anterior lobe, and a large hemorrhage in the right. There were innumerable hemorrhages throughout the cortex, with destruction of the infiltrated nervous tissue. The microscopical study was made by Dr. Joseph Sailer; the bacteriological examinations by Dr. S. S. Kneass. The bacteriological examination showed a pathogenic organism corresponding in its description with the colon group, probably the bacillus coli immobilis.

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