

161. EIN FALL UNCOMPLICIRTER SERRATUSLÄHMUNG NACH INFLUENZA (A Case of Uncomplicated Serratus Paralysis after Influenza). Von Rad (Münchener med. Wochenschrift, 1898, No. 36, p. 1145).

Uncomplicated paralysis of the serratus magnus muscle is a rare condition, hence the author has put on record a carefully prepared description of a case of this disease, coming on after influenza in a man of thirty-four, of good family and personal history. The article is illustrated by two reproductions of photographs.

ALLEN.

162. TABES DORSALIS UND SYPHILIS. A. Guttmann (Zeitschr. f. klin. Med. 35, 1898, p. 242).

The reaction, evident of recent years, against the view of the etiological significance of syphilis in tabes, is made more pronounced in the statistics of the author. In all some 136 cases of tabes were closely studied, and of these, deducting six doubtful cases, 28.6 per cent. had had syphilis, while 71.4 per cent. were distinctly nonsyphilitic. The author also considers the evidence derived from the fruitlessness of syphilitic medication, and gives his approval of the general methods used to strengthen the body—baths, massage, and electricity.

JELLIFFE.

163. UEBER CORTICALE BLINDHEIT (Concerning Cortical Blindness). R. Gaupp (Monatsschrift für Psychiatrie und Neurologie, Vol. v. No. 1, p. 28).

A man of sixty-four years presented left homonymous hemianopsia. A few weeks later he had a very violent mental shock, and after a few days had bilateral hemianopsia without an apoplectic "insult." Cortical blindness was at first complete and light sensation was very imperfect. The pupils reacted to light. The ocular muscles were not paralyzed and aphasia was not noticed. Retrograde amnesia lasted for several weeks, and the mental disturbance was considerable. Hemiparesthesia and motor hemiparesis of central origin existed. Improvement of the symptoms occurred with the restoration of a very small central field of vision. No mind blindness was detected. Red was the only color perceived. The mental disturbance became much worse during an acute intestinal attack.

A number of cases of complete cortical blindness, with restoration of a small central field, are on record. Sometimes the blindness is permanent, but in no case has the central field been so small as in the case reported by Gaupp.

Gaupp thinks it is remarkable that in many cases of bilateral hemianopsia the disturbance of vision has occurred without an "insult," and often has required several days for its full development. Frequently also failure of memory has been noticed. Disturbance of the power of orientation has been seen in bilateral disease of the occipital lobes, and loss of topographical sense has been found to be an important symptom of cortical blindness. The explanations given for this are not satisfactory. Usually the impairment in the sense of orientation occurs with impairment of memory. The formation of topographical images is a very complex mental process. Gaupp thinks his case shows that impairment in the sense of orientation need not be proportional to the impairment of cortical vision, for the former was slight in comparison with the latter.

SPILLER.

164. DIE HYSTERISCHE TAUBSTUMMHEIT (Hysterical Deafmutism). Veis (Münchener medicinische Wochenschrift, 1899, No. 13, p. 415).

Hysterical deafmutism is a rare condition, since only about twenty authentic cases are on record. To the list the author adds the follow-

ing: A man twenty-six years of age, an innkeeper, of good family history and having previously presented no nervous symptoms, on awaking one morning was found to be deaf and dumb. He could neither hear nor speak, but could converse by writing, and no anesthesia, paralysis or other symptom of hysteria could be discovered. The condition had persisted nine weeks when he came under the care of the author. A cure was promptly effected by conveying in writing to the patient the suggestion that he would soon hear again, bringing forward with considerable parade the instruments for Eustachian catheterization, and inflating through the catheter first one and then the other ear. As the right ear was inflated the patient sprang up and said in a whisper that he could hear in that ear, and as the same procedure was applied to the left, he shouted that he could hear everything, and no more treatment was necessary. In speaking of the differential diagnosis, the author calls attention to the fact that in hysterical deafmutism writing, as a rule, is not interfered with, while in speech disturbances, due to focal lesions, agaphia to a greater or less degree is apt to be present. ALLEN.

165. EIN BEMERKENSWERTHER FALL VON SOGENANTER GALOPIRENDER PARALYSE (A Noteworthy Case of Galloping Paralysis). Brassert (*Allgem. Zeitschrift f. Psychiatrie*, 55, 1899, 5).

This case occurred in a man of forty years of age. He had always been a healthy man. He was taken ill, and in a few weeks developed a typical case of general paresis, with well marked expansive ideas and delusions of grandeur and of power. He was removed to the asylum, and died there after ten days from a series of convulsive seizures, which numbered 99 in twenty-four hours.

The autopsy showed a marked hyperemia of the meninges, atrophy and soggy edema of the left hemisphere, and throughout the brain marked degenerative lesions indicative of grave chronic alcoholic intoxication. JELLIFFE.

166. ZUR GENAUEREN LOCALISATION DER KLEINHIRNTUMOREN UND IHRER DIFFERENTIALDIAGNOSE GEGENÜBER ACQUIRIRTEM CHRONISCHEM HYDROCEPHALUS INTERNUS (Contribution to More Exact Localization of Cerebellar Tumors and their Differential Diagnosis from Acquired Chronic Internal Hydrocephalus). Rudolf Schmidt (*Wiener klin. Wochenschrift*, No. 51, 1898, p. 1170).

Schmidt reports two cases of cerebellar tumor. One patient had nausea and vomiting when she laid upon her right side. An angiosarcoma was found in the left cerebellar lobe. The other patient had vomiting, vertigo and ringing in the ears when lying on the left side. A glioma of the right cerebellar lobe was found. The tumors in these cases were believed to have compressed the vena magna Galeni or the aqueduct of Sylvius, and to have caused increased intracranial pressure. It is probable that vomiting, vertigo, etc., depending on a lateral position of the body, are symptoms of large tumors near the median line. These symptoms point to disease of the posterior cerebellar fossa. They indicate asymmetry of the intracranial process, and, therefore, are against the diagnosis of idiopathic hydrocephalus (*meningitis serosa chronica*), or of cysticercus situated mediately in the aqueduct or fourth ventricle, or of hysteria. They are especially valuable in connection with other symptoms of cerebellar growth. Lost knee-jerks speak more for tumor than for idiopathic hydrocephalus. SPILLER.

167. MYSTICISME ET FOLIE (Mysticism and Insanity). A. Marie (*Archives de Neurologie*, 8, 1899, p. 33).

The author gives a historical introduction showing how, in the eighteenth century, epidemics of religious delirium replaced those of