

a man fifty-two years old, strong, healthy, with good family history, no history of vices or excesses, no disturbances of any of the sensory organs, no artero-sclerosis, no malformation of head or scar on scalp; urine, normal in quantity and quality. For some years he has suffered from stomach and intestinal disorders, such as loss of appetite, nausea, ructus, pyrosis, tongue coated, mouth dry and bitter, bowels constipated. Occasionally besides these symptoms he would notice paraesthesia of the limbs, flushings, then coldness of the extremities, and such mental symptoms as depression, melancholia, hypochondriasis, irritability, cephalalgia, vertigo, etc.

On the morning of September 8, 1892, he had the first attack. The aura was distinctly felt, consisting in a feeling of heat in the head, anxiety and precordial oppressions. He then felt creeping sensations in the arm and leg of the right side, followed by clonic spasms first of the right arm, then of the right leg, and at the acme of the attack the right side of the face would become involved. The paroxysms would last from five minutes to fifteen minutes, with no loss of consciousness, would not fall to the ground, but in a vacillating manner stagger to the right. On the first day he had three attacks, then about one attack every other day for two weeks. The pupils were dilated, patellar reflex exaggerated on the right side, and urine contained an excess of urea and phosphates. The treatment directed to the gastric catarrh had the effect of controlling the attacks and in over a year they have not reappeared. W. C. K.

**Reflex Spasms.**—The *Medicinisch-chirurgische Rundschau*, for January, 1894, contains the report of Gallerani and Pacinotti's case of reflex spasm of the tongue, lips and throat due to an old wound of the occipitalis nerve of the left side. There were intermittent contractions of the muscles of the neck on the left side, with occasional difficulty in masticating and swallowing. On examination of the patient's head an old cicatrix was found situated between the occipital protuberance and the cervical prominence. At the extremity of the cicatrix was a small tumor about the size of a millet seed. Pressure in this situation caused great pain. At first the symptoms were thought to be due to bulbar paralysis, but further examination excluded this diagnosis. It was supposed that through the anastomoses between the nerves of the occipital region and those of the cervical plexus with those of the hypoglossal, the reflex spasms of the labio-

glosso-pharyngeal regions were produced. Excision of the scar resulted in a complete disappearance of the spasmodic symptoms and of the pain. B. M.

***A Case of Chronic Arsenicism.***—At a recent meeting of the Medical Society of the Hospitals, Mathiew presented a patient aged fifty years, affected with neurasthenic depression, who for twenty years had been taking arseniate of sodium in large doses to clear his voice and give him strength. He had been in the habit of using a solution of arseniate of soda one to 500, of which he prepared a pint at a time. This quantity would last him a month, and the daily doses would amount to three to four centigrammes, or rather more than half a grain.

In 1883, in the course of a voyage to Algiers, this patient increased his doses, and was taken with the accidents of acute arsenical poisoning, characterized especially by phenomena of intense gastro-enteritis with profuse diarrhoea. His diarrhoea lasted from three to four months; it was at this period that a cutaneous pigmentation appeared, which has been constantly growing worse.

The skin of this patient presents at this date a bronzed, tawny or slate colored pigmentation, the color varying in places. On this pigmented base are mapped out little lenticular spots which are rather more clear than the surrounding integument, and are scattered without order over the surface of the skin. The face completely escapes the pigmentary staining. On the palmar surface of the hands, there exists a marked degree of hyperkeratosis. On the feet, this hyperkeratosis is much less pronounced. The nails of the toes and fingers are unequal, irregular, deformed, and grooved. Lastly, the muscular masses of the legs are atrophied.

With respect to motility, there was formerly almost complete paralysis of the inferior limbs. At the present time, we notice only a certain degree of uncertainty in walking when the patient keeps his eyes shut, but the pupils react well to the light. With respect to sensibility, there exists only a little hyperæsthesia over the sole of the right foot. There is no contraction of the visual field, or difficulty of micturition.

These phenomena may be explained on the theory of the existence of a peripheral neuritis. It is interesting to note in this connection that this patient had never used alcohol to excess, and the arsenical dosing to which he was so long addicted must be regarded as the princi-