

NEUROPATHOLOGY.

THE VARIABLE CHOREA OF DEGENERATES. (*Revue Neurol., Presse médicale.* Abstract in *Jour. de Méd. et de Chirur. Prat.* Oct., 25th, 1896.)

Under this name Brissaud describes a chorea which has no uniformity in its manifestations or regularity in its evolution, and no constancy in its duration. It comes and goes, alternately increases and diminishes, ceases all at once, reappears without premonition, and again disappears; the movements are now sudden, again they are slow, and they are without any particular localization.

It always develops in degenerates in the strict sense of the term. Its appearance is due to the influences of various causes, and it begins so gradually that it is difficult to indicate the commencement. Indeed, until the trouble has attained a degree undeniably pathological, it is ordinarily considered to be a simple muscular "caprice" of no particular significance.

Once established, the syndrome is characterized by involuntary movements which would commonly pass under the term "nervous movements." They are more or less rapid, and affect particularly the arms, shoulders and face, are always involuntary and usually pronounced in degree and frequency in proportion to the general nervousness of the patient. But it is important to note that these grimaces and gesticulations are inconstant from one day to another, and even from one moment to another; they may disappear for several days, and suddenly reappear, when the patient has been apparently cured. They may be to a certain extent voluntarily checked, but the efficiency of will power is of only short duration. In short, the affection is variable in every respect.

Brissaud affirms that the cases are frequent, but he reports only four in detail. In the fourth case the trouble developed in a typical degenerate at the time of adolescence, and lasted four years. At the end of this time it disappeared completely. This sudden disappearance is of capital importance in regard to the prognosis, and also in regard to the diagnosis, as it is one of the principal signs by which it is distinguished from Huntington's chorea.

Variable chorea can be confused with but two affections: ordinary minor chorea and Huntington's chorea. *Paramyoclonus multiplex* and *rhythmic chorea*, which is always a symptom of hysteria, have nothing in common with the affection under consideration. The diagnosis from ordinary chorea is not difficult, as the latter disease is a well-defined entity, in evolution and symptomatology. Furthermore, variable chorea presents two characteristics which are wanting in chorea minor. First, the multiplicity of form shown by the movements; second, the fact that in the former affection the movements may for a moment be controlled by the will.

The chronic chorea of Huntington is an incurable malady, and lasts a life-time without intermission. It is chronically progressive, not only as regards the muscular manifestations, but also as regards the accompanying psychic degeneration, which latter is wanting as an essential symptom of variable chorea. In contrast to this unvarying chronicity and progression, variable chorea is never the same for two days, or even two hours, together. He presents intermissions without apparent cause, and, as before noted, is uncertain and variable in every way. Huntington's chorea is apt to affect in particular this or that group of muscles. This may also apply to variable chorea, but it is never constant to the same muscular group, quickly and without apparent cause changing from one to another.

Brissaud relies upon this general variability to constitute the entity of a well-defined muscular neurosis. He considers it to be one

of the transient affections frequently found in the subjects of degeneracy.
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DÉBILITÉ MENTALE ET TREMBLEMENT.

Labbé (La Presse Médicale, No. 33, 1897) describes a case of tremor, associated with epileptiform attacks, athetoid movements, and stigmata of degeneration, a woman of twenty. At an early age she had a right hemiparesis, and at four months old commenced to have convulsions of an epileptiform character, which recurred several times a month, until she was seventeen. She was then free for three years, but lately has begun having convulsions again, and now they are more hysteroid in form, though the stigmata of hysteria is not present. There is now but little difference in power between the two sides of the body, and their reflexes are about equal. The tremor, which has existed since childhood, affects the whole body, but is much more marked on the right side, especially in the right arm and hand. It is increased by emotion, and to a less degree on voluntary movement. The tongue trembles but little, the eyelids not at all. There are also athetoid movements in both upper extremities, more marked on the right. Mental power is low, but the patient is not an imbecile. From a study of this case the author thinks that the tremor cannot be referred to the presence of the usual causes, but is inclined to consider it hereditary. From a study of the literature he concludes that hereditary and senile tremors are hardly to be separated, emphasizes the frequent coincidence of tremor with mental feebleness and the signs of degeneration, and quotes Raymond as proposing to group these tremors together, under the name of trembling "neurosis" (névrose tremulante).

UN CAS DE MIGRAINE OPHTHALMOPLÉGIQUE.

Bouchaud (La Presse Médicale, April 28th, 1897), stating that ophthalmoplegic migraine is a rare disease, since in a recent analysis of the subject Ballet could cite but 22 cases, reports a case in a woman of sixty-one. The patient, of neurotic heredity, had from twelve to thirty, attacks of ordinary migraine. At the latter age she had severe right occipital neuralgia, and since then has suffered from time to time with vague, diffuse pains in the head. In July, 1895, at the age of sixty, she was seized early one morning with sudden and violent pain in the left side of the head and face; and in the left eye. This lasted all day, and was accompanied by nausea and vomiting. By 8 P.M. she noticed that she saw double, and the pain growing less, was able to sleep. The next morning the pain was gone, but there was ptosis and immobility of the left eyeball. When seen by the author, in January, 1896, there was paralysis of all muscles supplied by the left third nerve. Under electrical treatment the condition is somewhat ameliorated, but a year later loss of power still persists. The author compares his case with the clinical history of ophthalmoplegic migraine, given by Charcot, and while it differs from other reported cases in coming on so late in life, and in permanent paralysis occurring after the first access, he thinks that from its general character it must be considered as an example of this disease. C. L. ALLEN.

ON OEDEMA IN GRAVES' DISEASE.

In the Edinburgh Medical Journal, for April, 1897, H. Mackenzie discusses this subject. He divides the œdema of Graves' disease into general and local, pitting and serous, and non-pitting—probably mucoid, and says it may be more or less transitory or permanent. Swelling of the eyelids seems pretty commonly present. It occurred in seven of the ten cases reported in this article. From a study of these ten cases, Mackenzie draws the following conclusions: