

son's sympathetic theory, on the grounds that the disease of the lenticular ganglion would be accompanied by some change in the action of the pupil. The portion of the nervous system, lesion in which would cause isolated bilateral paralysis of accommodation, was, he thought, Hensen and Voelcker's centre for accommodation in the hinder part of the floor of the third ventricle. The deafness, on which Dr. Jackson laid stress as confirmatory of his theory of disease of the ganglion, was, Mr. Benson thought, more likely to be the result of paresis of the palate with which it was accompanied, than of interference with the nervous supply of the tensor tympani muscle. Paresis of both levatores palpebrarum, and of both external recti muscles, as well as the frequent occurrence of paralysis in distant parts of the body and perverted sensation, all disproved the sympathetic hypothesis.

Post-mortem examination had shown in many cases numerous hemorrhages into the nervous centres, and in some cases a swollen condition of the large motor cells in the anterior cornua of the cord. Such changes, though they might occur in fatal cases, seemed unlikely to be the cause of paralysis, so fugitive and harmless as diphtheritic paralysis usually was. Mr. Benson thought that hemorrhages, larger or smaller, numerous or few, as the case might be, were a more probable cause. Hemorrhages had in several cases been found in diphtheritic paralysis. Hemorrhages might be of any size, and the symptom would be severe in proportion to the extent and position of the extravasation. Small hemorrhages might be absorbed with great rapidity, and have but little if any ill result; large hemorrhages would account for the hemiplegia and other grave forms which were met with at times.—*Brit. Med. Jour.*, No. 1159.

Dr. Hughlings Jackson has since stated (*Brit. Med. Jour.*, No. 1172, p. 1181) that he had been correctly reported to have said that this disease was owing to a morbid affection of the sympathetic system. What he ought to have said, all he really held, was that the ocular, the palatal, and the rarer circulatory symptoms (great slowness of the pulse) of this disease were morbid affections of parts supplied through the ganglia of the sympathetic. He believed the spinal cord, as well as higher parts of the nervous system, to be morbidly affected in the disease. He had not seen a case of so-called diphtherial amaurosis in a stage when the paralysis of the ciliary muscle was complete; in some cases, when accommodation was only weak, he thought the pupils acted well to light, whilst action of them during accommodation was at least imperfect.

---

PERIODIC RECURRENT PARALYSIS OF OCULAR MUSCLES.—A remarkable case of paralysis of the ocular muscles, coming and going every month simultaneously with the appearance and disappearance of the catamenia, has been recorded by von Hasner (*Centralblatt f. klin. Med.*, No. 21). It occurred in a girl aged

seventeen years, of good physique, who had suffered since her thirteenth year from ptosis of the left upper eyelid, which set in every month, lasted three days, and was accompanied at its commencement by headache and vomiting. Menstruation began at the age of fifteen years, when it was observed that this coincided with the monthly ptosis of the left eye. The author had the opportunity of seeing the patient at the onset of one of her periods, and then made out total palsy of the muscles of the left eye; the second day of the menstrual period witnessed a recurrence of the paralysis of the left eyelid, of the headache, and vomiting. With the cessation of the menses on the third day, a gradual restoration of the movements of the eye took place, the pupils remaining dilated a little while longer.—*Med. Times & Gaz.*, No. 1719.

---

ICHTHYOSIS IN TABES.—In the *Progrès méd.* (No. 20) MM. Ballet and Dutil gave a short description of an ichthyotic condition of the skin which they have had occasion to observe in tabes, and which they regard as an essential part of the disease, and not as a mere coincidence. Compared with this, the lesions hitherto described,—*e. g.*, herpetic eruptions, ecchymoses, perforating ulcer of the foot, etc.—are to be regarded as mere transitory occurrences. The ichthyosis is slowly developed, probably progressive, and seems to be analogous to the now well-known osseous lesions. The lesion, when present, is always found in those situations in which there has been previously some marked disturbance of sensation, either anæsthesia or hyperæsthesia, or lightning pains. The limbs, and particularly the arms, would seem to be the parts most frequently affected. The falling off, or alteration of the nails, which have already been described, would seem to be merely an example of the same lesion. Disorders of nutrition, such as the one under consideration, accord very well with the idea of a peripheral lesion, which Pierret was the first to recognize.—*Med. Times & Gaz.*, No. 1723.

---

EYE-SYMPTOMS IN DISEASES OF THE CORD.—Dr. R. W. Gowers, in a paper read before the Ophthalmological Society, London (*British Medical Journal*, No. 1720.), confined his remarks to optic nerve atrophy and internal ocular paralysis. "Two general facts," he said, "respecting these symptoms deserve attention. The first is that we must regard them as associations and not effects of the spinal lesion. The evidence of this is: 1. That disease of any nature may exist in any part of the spinal cord without the occurrence of ocular symptoms, if we except the very rare paralysis of the dilators of the pupil in disease of the sympathetic tract in the cervical region. 2. The ocular symptoms, which may be absent when the cord disease is advanced, may exist in extreme degree when each disease is in a very early stage. 3. With the single exception of the sympathetic symp-