

same section. In certain cells this substance was found to be entirely normal, in others somewhat diminished, in others still it appeared as a very fine powder, and in certain ones it seemed to have entirely disappeared, the cell staining homogeneously. Pigment in abundance was found in the elements of the entire nervous system. In the cord there was intense hyperemia of all the vessels, even to the most minute; the perivascular lymph spaces were not visible.

The authors conclude their article with a review of the literature on the pathology of chorea and the establishment of an hypothesis as to the genesis of this disease.

J. W. COURTNEY.

CLINICAL NEUROLOGY.

252. BEITRAG ZUR CHRONISCHEN ANKLYLOSIRENDEN ENTZÜNDUNG DER WIRBELSÄULE UND DER HÜFTGELENKE (Contribution to the Chronic Ankylosing Inflammation of the Vertebral Column and the Hip-Joints). Valentini (Deutsche Zeitschrift für Nervenheilkunde, Vol. 15, Nos. 3 and 4, p. 239).

Valentini reports two cases of spondylose rhizomélisque, in one of which, contrary to the usual rule, some of the small joints were involved. An important distinction between this disease and chronic articular rheumatism, or arthritis deformans, is, that ankylosis occurs in every case of spondylose rhizomélisque, and the rigidity in chronic articular rheumatism is scarcely ever complete, and is due to pain and swelling of the capsule of the joint. The characteristic features of spondylose rhizomélisque, according to Valentini, are found in the ankylosis of the affected joints, in the beginning of the disease in the vertebral column, in the secondary involvement of hip and knee joint, in the almost invariable escape of the small joints, and in ankylosis of the small joints when they are attacked. The nervous system remains normal, and in this spondylose rhizomélisque differs from v. Bechterew's rigidity of the vertebral column. Valentini distinguishes four articular diseases having resemblances to one another, viz., chronic articular rheumatism, arthritis deformans, spondylose rhizomélisque, and the rigidity of the vertebral column with intercostal neuralgia (v. Bechterew).

SPILLER.

253. CHIRURGISCHE EINGRIFFE BEI HYSTERIE (Surgical Measures in Hysteria). M. Sander (Deutsche med. Wochenschrift, Sept. 7, 1899, p. 588).

Sander reports two cases of hysteria which simulated disease of the intestinal tract, and in one case operation was performed twice; in the other, four times within a year. The first patient presented more the symptoms of intestinal obstruction; the second more those of perforation peritonitis. The ileocecal region seemed to be especially involved. The chief sign in the first case was meteorismus, occurring frequently with pain. This was first seen after a hysterical attack, and the diagnosis of hysteria was at once made. Variation in the frequency of the pulse, and later vomiting, fever, and a painful resistance in the ileocecal region were observed, and the diagnosis became doubtful. The vomiting was regarded as an undoubtedly hysterical sign; the increase in temperature was either artificially produced or was the result of constipation, and the latter seemed more probable, as the temperature did not go much above 38 degrees C., and usually fell with action of the bowels. The pain on pressure in the ileocecal region was probably in a hyperesthetic zone. The operations revealed no organic disease.