

after spending a day in the country. This time the whole body was affected, but most excruciatingly in the left leg. Besides the pain, the following symptoms were present: loss of patellar reflex, muscular atrophy, reaction of degeneration in both lower extremities and double foot drop. Very little loss of sensation and no disturbance of bladder or rectum.

Case III.—Patient tubercular, aged twenty-eight. The disease ran the usual course of about five weeks. Bed sores developed and the temperature assumed a septic type. The patient developed intense hyperæsthesia, most marked in the lower extremities. Paralysis of the extensor muscles of both arms and legs appeared, followed by atrophy. A gradual return of power occurred, though the paralysis never completely disappeared.

ABRAHAMS.

ABSENCE OF TENDON-ACHILLES REFLEX IN SCIATICA.

At the Soc. Med. des Hôp. (Médecine Moderne, December 23, 1896) M. J. Babinski reported that he had observed in several cases of sciatica an absence of the usual reflex of the tendo-Achilles, or a comparatively great weakness of this reflex upon the affected side. The phenomena was found not only in intense sciatica with atrophy and the presence of sciatic neuritis, but also in the more purely neuralgic forms of the affection. He presented a man to the society in whom the disease had lasted for a year with sufficient severity to have given rise to the form of sclerosis described by Charcot and Babinski, and stated that at one time abolition of the reflex had been almost complete, but that since the patient's improvement it had returned, although still less marked than on the opposite side.

While this phenomenon is not of great importance from a diagnostic point of view, it may be useful to assist in the differentiation of true sciatica from hysterical forms of the disease in which the reflex will probably be found normal; although B. says he "he can find no reference to it in the text-books," the reporter has seen it made use of in this country, as well as the similar decided reduction in the knee-jerk found in sciatica.

MITCHELL.

LINGUAL HEMIATROPHY.

Dr. Babinski reported at the Medical Society of the Hospitals (Medical Week, Nov. 27, 1896) a case of hemiatrophy of the tongue, consecutive to a lesion of the hypoglossus, in a patient suffering from tubercular osteo-arthritis of the left occipito-atlanteal articulation.

When the mouth of the patient was half open the tongue occupied the middle; but when it was widely open, with the tongue drawn back, the tip deviated toward the healthy side. On the contrary, when the patient put out the tongue, it deviated toward the side of the hemiatrophy.

J. K. MITCHELL.

OPHTHALMOPLAGIC MIGRAINE.

In a Paris thesis Dr. Alché (Gazette Hebdomadaire, Dec. 10, 1896) has collected all the cases of this disorder, amounting to twenty-five, which have hitherto been reported. Periodic oculomotor paralysis is rather a complex of symptoms than a morbid entity, and sufficiently defined by Charcot as a "hemicrania with the necessary accompaniment of the total paralysis of one of the oculomotor nerves." While its etiology is still obscure, the observation in Europe has been that, contrary to the occurrence of ophthalmic migraine, it is most common in the working classes and in the years of early adolescence. The headache, its first symptom, all authorities are agreed in regarding as characteristically unilateral but somewhat more diffused than that of ordinary hemicrania. Its seat of preference perhaps is in the neighborhood of the eye-brow, but it extends to the frontal and temporal region, sometimes to the occiput or the nape, sometimes to both. Ballet has observed its radiation into the eyeball. It is usually not ex-