

Periscope.

CLINICAL NEUROLOGY.

DES CRISES GASTRIQUES TABÉTIQUES (Tabetic Gastric Crises). Dr. Mathieu (Revue de Thérapeutique, June 1, 1900).

The history of the differentiation of gastric crises from ordinary digestive disturbances is given *in extenso*, and the author enumerates the five different varieties of these crises which were defined by Charcot. The two last of these five groups include those in which the crises occur daily, and those in which the attacks are prolonged. The author considers that those cases in which the duration of the crisis is lengthened are associated with the employment of morphia. The pain is soothed by the use of the hypodermic syringe, but when the patient is not under the influence of morphine he becomes morbidly anxious about the return of the crisis, and by brooding over each individual symptom, he ends by provoking a renewed attack. This is, the author thinks, the great drawback to the use of morphine; it tends to make the attacks not only longer, but more frequent. And yet there is no other means at once so easily employed and so effective against the terrible attacks which are known as gastric crises. Another interesting point concerning gastric crises relates to the latent character of the general symptoms during the continuance of the crises. It may be that the disease itself makes little or no progress while the gastric crises are acute and frequent. Cases are quoted by the author in which locomotor ataxia has been present for twenty years, and during this long period no other symptoms beyond the gastric have ever appeared. It would seem to be that it is the same with the gastric crises as with the eye symptoms; for it is well known that in cases of tabes in which early optic atrophy and resulting blindness are present the general symptoms are frequently very mild, and sometimes are entirely in abeyance. It is necessary, further, that in dealing with periodical, long-continued, and obstinate "bilious attacks," the possibility of locomotor ataxia being behind the symptoms be borne in mind, and in all such cases a careful examination of the knee-jerks, of sensation, and of the eyes should be made.

JELLIFFE.

IL TRAUMA NELLA PATOGENESI DELLA SYRINGOMYELIA (Trauma in the Pathogenesis of Syringomyelia). V. Cito (Gi' Incurabili, March 15, 1900).

The author gives a summary account of the identification as a substantive disease of syringomyelia, from which it appears that the name was first used in 1820 by Ollivier d'Anger. Many cases are brought forward in which the symptoms arose in connection with or soon after injuries to the spinal column. In support of the view that trauma has much to do with the production of the symptoms of syringomyelia is the fact that it occurs particularly in those who are exposed to accidents and injuries—in males of adult age and in those who live by bodily labor. Further, cases are recorded in which, as a result of fracture of the cervical vertebræ, cavities resembling those found in syringomyelia are developed in the spinal cord. It may be.

of course, that the trauma causes a hematomyelia, and that the syringomyelia follows as a result of the absorption of the blood-clot; or, again, a defective development may be associated with trauma in causing the appearance of syringomyelia. JELLIFFE.

EIGHT CASES OF GOITER IN ONE FAMILY. Samuel Amberg (Maryland Medical Journal, Vol. xlv, 1901, March, p. 93).

The history of this family is as follows: Florence C., a white girl, seven years of age, was brought to the Johns Hopkins Dispensary complaining of a cold. On examination of the somewhat anemic child a slight enlargement of the lymph glands over the body and a slight arrhythmia of the heart action were found. Besides this, there was an enlargement of both lobes and the isthmus of the thyroid gland. Of the family history the following notes were taken: there is no tuberculosis, lues, rheumatism, nervous disease or insanity in the ascendants. The family of the father is free from goiter. The paternal grandparents of the mother came from England, from what part is not known. The father of the mother was born in Newark, N. J., and died in Baltimore sixteen years ago from typhoid fever. Whether he or his parents were afflicted with goiter could not be found out. Two daughters of his second marriage were free from it. The maternal grandmother of the mother was born and raised in Baltimore. One of her parents came from Wales; she was free from goiter. Neither was her husband afflicted. The mother of the mother was born and raised in Baltimore. She died twenty-seven years ago with smallpox. It is not known whether she had an enlargement of the thyroid gland. She had two sisters, one of whom died in infancy, the other is living and has a goiter. This sister had nine children; seven died young, and of the two living girls, twenty and twenty-eight years of age, neither is afflicted with goiter. The large goiter of the sister decreased after the birth of her last child, and can now, it is said, hardly be noticed. The mother is thirty-one years of age; was born and raised in Baltimore. She had two brothers who died in infancy. She states that her goiter was noticed when she was about seven years old. The tumor involves both lobes, but the left lobe appears larger. It is about the size of a fist and soft. Her goiter used to swell during pregnancy. Of her eight children, one boy, four months of age, died two years ago. The youngest child, a girl of ten months, is the only one in whom the thyroid gland appears not to be enlarged. The gland of the next child, a girl four years of age, is distinctly enlarged, particularly the right lobe. A little more pronounced is the swelling of the gland of the five-year-old boy, and here, too, the right lobe is larger than the left. In the seven-year-old girl the swelling betrays itself very distinctly to the eye. Both lobes appear equally affected. Then follows a boy, not quite ten years old, whose gland does not quite reach the size of that of his sister, while the right lobe appears to be larger. The enlargement in the eleven-year-old girl exceeds a little that of her younger sister, and both lobes are about equally affected, while in the oldest child, a girl twelve years of age, the swelling of the left lobe is more pronounced. Here the tumor reaches about the size of an egg. The seven-year-old girl is a rather delicate child, while all the other children are well built and well nourished. All of them, except the four-year-old girl, were slow in learning to talk. The two boys and the seven-year-old girl show defective articulation, for which a satisfactory explanation could so far not be made out. The oldest girl is somewhat anemic. She and her next sister become, like all the members of the