

MEDICINE.

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A CASE OF PERIODIC PARALYSIS OF FAMILY TYPE.

HIRSCH (*Deutsche medicinische Wochenschrift*, 1894, No. 34, p. 646) has reported the case of a man, twenty-six years old, who presented a peculiar form of palsy of transient duration and recurrent type, and whose mother had presented a similar disorder. No other members of the family were known to have suffered in the same way or from any other form of nervous disease. It could not be stated when the attacks began in the mother; at first they occurred once or twice a year, but later they took place rather regularly once in three months. The attacks consisted in the development of complete paralysis of almost all the muscles in the course of five or six hours, lasting on an average for twenty-four hours, and disappearing as suddenly as they set in. Only the facial muscles were said to have escaped. During the attack consciousness was fully preserved, and there was an absence of noteworthy pain, as well as of unpleasant sequelæ; there was, however, marked thirst. The personal history of the son was good and was free from venereal infection, alcoholism, excess in the use of tobacco, and malarial or other form of fever. The first attack occurred at the age of nineteen or twenty, when he noticed that the extremities gradually became heavy and stiff—first the arms and then the legs. The condition became so aggravated that the patient was compelled to go to bed. It disappeared at the end of twenty-four hours. For the succeeding four or five years the attacks were repeated once every year, being preceded for some days by a sense of heaviness and fatigue in the extremities. After the attack the patient felt as well as before, and was able to pursue his ordinary vocation as a writer. At this time his first attack of distinct and well-marked paralysis occurred; this began, like the others, with a sense of heaviness in the extremities that rapidly progressed to complete paralysis of the muscles of the arms, legs, and trunk, the facial muscles escaping. The complete palsy lasted for twenty-four hours and then disappeared suddenly. During its continuance there were no other disturbances except intense thirst. After the attack the patient felt as if nothing unusual had occurred. For none of the attacks was there an obvious cause. The

patient was not neurotic, but, on the contrary, rather phlegmatic. He came under observation during an attack that occurred two months later. The onset was, as usual, attended with a sense of heaviness in the extremities, but on this occasion first appreciated in the legs, thence ascending. In the course of twelve or fourteen hours the patient was completely paralyzed. Consciousness was not in the least disturbed, and the patient spoke intelligently and without impediment. He complained of no pain, but only of a sense of discomfort from inability to move. The facial movements were all well performed, and the acuity of vision and of hearing was normal. The ocular movements were perfect and the pupils reacted to light. The head was held somewhat stiffly; it could neither be rotated nor flexed and extended. The muscles of the neck were relaxed, and passive movement was easily effected in all directions. The lower portion of the sternum was somewhat retracted; there was little movement of the chest in respiration. Physical examination revealed no lesion of the lungs. The area of cardiac dulness was increased; the first sound of the heart was impure and possibly attended with a murmur; the pulmonary second sound was accentuated. The pulse was regular and of moderate tension. The area of hepatic percussion dulness was somewhat increased; that of the spleen unchanged. The patient lay in the dorsal decubitus, and was unable to rise or to move from side to side. The upper and lower extremities were in a state of atonic paralysis. The idio-muscular irritability of the paralyzed muscles was preserved, though diminished. The various reflexes were absent. All forms of sensibility were unaffected. The functions of bladder and rectum were efficiently performed. The urine displayed no abnormality. There was increased thirst, though no excess of perspiration, and the temperature was normal. The electric reactions could not be studied. The patient slept well during the night, and on the following morning his condition was unchanged. He was given a bath at a temperature of 95° for half an hour. Somewhat later in the day he was able to make some lateral movements of the head. During the following night the patient was suddenly awakened and found that he was able to move all his extremities, and on the next morning he was able to go about as usual. The reflexes had also returned, while the pulmonary second sound of the heart was no longer accentuated and the area of cardiac percussion dulness had receded. The pulmonary excursion had distinctly increased, and the respiratory act was performed perfectly normally. The patient was lost to observation, but it was learned that during the following four months he had none of the severe attacks, although a number of minor attacks of weakness in the arms had occurred, but only after the use of alcoholics or tea.

THE RELATION OF VISCERAL DISEASE TO CUTANEOUS SENSORY AREAS.

HEAD (*Brain*, 1894, Part III. pp. 339-480) publishes the second part of his admirable and patient researches upon the areas of superficial tenderness associated with visceral disorders. The researches here communicated relate to the sensory and painful areas of the head and neck. These are again compared with the distribution of herpetic eruptions, and referred so far as possible to central nervous segments. The distribution is complicated, and can only be understood by a reference to facts of embryology and ontology.