

number of cases, and were not limited to one family. They resemble those described by Dejerine and Sottas in myotonia congenita. In the second family, which Goldflam reports, the three eldest children were affected.

SPILLER.

147. ENTERALGIE (Enteralgia). Potain (La Clinique, Jan., 1897).

In a clinical lecture on the above-named affection, the author first remarks that abdominal pain is in no wise of diagnostic importance as it is common to a host of divers affections, and consequently the first step in the examination must be the exclusion of all organic disease, including tabes, the painful crises of which may closely simulate enteralgia.

The positive symptoms of the latter disease are recurrent attacks of severe, paroxysmal, cramp-like pain, generally beginning in the right hypochondrium, and following the course of the transverse and descending colon, coming on without apparent exciting cause, without reference to the ingestion of food and accompanied by characteristic and peculiar stools. For a day or two preceding the appearance of pain the stools become hard and their evacuation difficult; as the colic appears and continues the stools are progressively smaller and may become ribbon-like or about the size of a lead pencil. With the cessation of the paroxysm their calibre gradually increases, and a copious evacuation or even diarrhœa terminates the cycle. An attack lasts from a few hours to several days, and during its continuance the sigmoid flexure may be distinctly felt as a hard cord that is sore but not exquisitely tender to pressure. There is complete anorexia, emesis is frequent and may be biliary, moderate tympanites is generally present, as is also rectal tenesmus with frequent desire to defecate.

The two important causes of the affection, which is to be considered as a neurosis, are a neuropathic disposition and the uric acid diathesis—*l'arthritisme*—the gouty, rheumatic tendency. As the essential condition is intestinal spasm, in the treatment purgatives are to be carefully avoided, belladonna and opium being the proper remedies; but ether or valerianate of ammonium is also recommended, and hot baths may be tried. Between the attacks general measures alone are to be relied upon. Gastric purgatives, salines, aloes and senna are to be avoided. For constipation, castor oil, sulphur and rhubarb are preferred according to the author. Mild hydrotherapeutics constitute an admirable therapeutic measure, but bath or douche should never be employed when the patient is fatigued, for instance, after active exercise. If there be laxity of the abdominal parietes it is to be treated by vigorous and oft repeated faradism. The most important as well as the most difficult element of treatment, however, must be a perfect physical and mental hygiene.

PATRICK.

148. CASUISTISCHE MITTHEILUNGEN AUS DEM GEBIETE DER NEUROPATHOLOGIE (Clinical Communications in Neuropathology). M. Dinkler (Deutsche Zeitschrift für Nervenheilkunde, xi, 1897, 3 and 4).

1. Encephalitis acuta hæmorrhagica (?) recidiva.

A child of neuropathic ancestry, born in normal labor, had no signs of disease until he was two years of age. At this period he fell from a stool upon the occiput, vomited, had tonic and clonic convulsions in the right arm and leg which gradually ceased within two days, leaving a right-sided hemiparesis of a few days' duration. About a year later he had another slight fall, after which fever, un-