

Review of Neurology and Psychiatry

(Vol. V. No. 7. July, 1907.)

1. Psycho-epilepsy. SIR WM. R. GOWERS.
2. The Symptoms due to Peripheral Neuritis of Spinal Lesions in Diabetes Mellitus. R. T. WILLIAMSON.

1. *Psycho-epilepsy*.—In this brief leading article, Gowers suggests that psychic symptoms similar to those sometimes preceding an epileptic fit, may be extended and perhaps replace the fit, and he briefly cites a few illustrative cases: one of prolonged depression; one of intense vague dread; one of "thoughts passing through the mind like dreams"; and one of a condition of mental inertia, such as sometimes accompanies "vagal attacks."

2. *Symptoms Due to Peripheral Neuritis or Spinal Lesions in Diabetes Mellitus*.—In many cases of diabetes, nervous symptoms occur which are due to changes in the peripheral nerves, or in the fibers of the posterior nerve roots just after they have entered the cord. The chief symptoms of the so-called diabetic neuritis are: pain and burning sensation; tenderness and hyperaesthesia of skin and muscles; loss of vibrating sensation on the feet or feet and legs; loss of tendo-Achillis reflex and frequent loss of knee-jerks. The symptoms resemble those of tabes, in some cases, but the diagnosis from tabes is usually easy. In all cases of severe pains in the legs, in sciatica, and in cases with symptoms of peripheral neuritis, examination of the urine for sugar is urged. Slight nervous symptoms may occur in any form of diabetes; more severe in chronic forms; and usually the patients are over forty years of age.

ATWOOD (New York).

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(Band 30. Heft 3-4)

6. Disturbances of Sensation in Cerebral Hemiplegias. SANDBERG.
7. Hysterical Fever. v. VOSS.
8. A Rarely Described Form of Tabes Dorsalis. LAPINSKY.
9. Another Case of Angiosclerotic Disturbance of Motility of the Arms. ERB.
10. Tumor of the Gasserian Ganglion, Subjected to Operation. HORMEISTER and MEYER.
11. The Optic Tract, The Basal Optic Ganglion and the Fiber System in the Floor of the Third Ventricle in a Case of Atrophy of the Bulbs of Both Eyes. HERZOG.
12. The Diminution of the Reflex Phenomena in the Paralyzed Portion of the Body, in Compression of the Upper Portion of the Spinal Cord. LAPINSKY.
13. Brief Communication. So-called Hysterical Fever. STRÜMPFEL.

6. *Cerebral Hemiplegias*.—Sandberg has made a careful study of sensation in cases of cerebral hemiplegia. He divides sensation as follows: First, superficial, subdivided into (1) touch, (2) pain, (3) heat, and (4) cold. Second, deep, subdivided into (1) deep pressure, (2) muscle sense (position and movement). Third, derived sensation, subdivided into (1) localization, (2) the recognition of objects by touch. He reports 5 cases,

particularly, in which there was marked disturbance of the stereognostic sense. Altogether there were thirty-one cases examined, of which ten had no objective disturbance of sensation. In the other cases it was found that the sense of touch and deep sensation was disturbed, and that of pain, heat and cold was well preserved. In the five cases in which the stereognostic sense was disturbed all types of sensation were defective, and there was probably a lesion in the medulla. In those cases in which deep sensation was defective various types of ataxia were present. The disturbance of the deep sensation is the chief cause of astereognosis. Sandberg concludes from his studies, that the psycho-motor tracts, and those for deep sensation, pass together through the internal capsule, and terminate in the brain, because it is in the lesions of the internal capsule that they are chiefly affected.

7. *Hysterical Fever*.—Von Voss reports the case of a woman of twenty-four who, while in the hospital for some gynecological condition, suddenly developed a high fever. She also had psychical disturbances, and a violent hysterical convulsion with loss of consciousness. A diagnosis of hysterical fever was made. There was total hemianesthesia in the left side, and sensitive points; the history showed neuropathic heredity. The hysterical manifestations continued for several months, until the patient finally apparently recovered. Another patient, a woman of twenty-seven, had weakness of the left leg, loss of voice, and convulsive attacks. There were various other stigmata of hysteria, and while under observation she suddenly developed a temperature which reached 39.5°. There was also polyuria. The hysterical manifestations continued for more than a year, and improved somewhat under hypnotic suggestion. Then complete recovery ensued, persisting for three years. Von Voss concludes that hyperthermia belongs to the symptom-complex of hysteria. It occurs only in severe cases, and often in association with convulsive attacks. This fever is not the result of increased muscular activity during the convulsions, but is a primary symptom. All the manifestations of the vasomotor diathesis, such as fever, edema, polyuria, and skin lesions, are best explained by ascribing them to some lesion of the appropriate portion of the cerebral cortex. The diagnosis can only be made when there is no organic lesion.

8. *Tabes Dorsalis*.—Lapinsky reports five cases of tabes dorsalis in which the diagnosis could be made by the typical disturbance of sensation, the ataxia, the change in the pupillary reflexes, the difficulty in micturition, and the changes in the tendon reflexes. All the cases had in common the symptom that, in the early stages, sensory phenomena were entirely absent. On the other hand, all the patients complained of weakness and diminution of power, especially in one or more of the extremities. These parts were either wasted or atrophied, or else apparently normal, with weakened muscular tone. The electrical reactions were invariably normal. The weakness of the muscles did not correspond to the distribution of the peripheral nerves. In addition, the bones and joints could be excluded as the cause, nor was there any evidence of myositis, or myopathy. The reflexes were increased, but there were no spastic manifestations, nor was there any evidence of functional neurosis. It can only be explained, therefore, upon the basis of a diminution in the functional activity of the cells of the anterior cornua, such as occurs after section of the posterior roots. Lapinsky therefore inclines to the belief that in his cases the symptom is due to an early involvement of the

posterior roots, which control the motor centres of the cord, of the affected extremity.

9. *Angiosclerotic Disturbance of Motility of the Arms.*—Erb reports the case of a woman fifty-seven years of age, who, at the age of fifty-five developed tabes. Shortly after this she had pains in the arms and legs. Finally she noticed constantly, after slight exertion with the right arm, cyanosis and weakness. The right radial was not palpable. The other arteries were sclerotic. In the right arm the blood pressure was 70 millimeters; in the left, 130 to 140. The muscles gave normal electrical reactions. There was a history of slight injury to the right arm half a year before the symptoms developed. This case of dyskinesia angiosclerotica brachii illustrates Erb's law of the duplication of cases.

10. *Tumor of the Gasserian Ganglion.*—A man of twenty-six developed pain in the right side of his face, associated with hypesthesia, hypalgesia, weakness of the muscles of mastication, diminution of vision in the right eye, general emaciation and weakness, and later, protrusion of the eyeball, paresis of the eye-muscles, and choked disc in the right eye. Operation was performed, and a tumor about the size of a cherry was removed from the Gasserian ganglion. Microscopically this proved to be a peculiar type of sarcoma. The patient was entirely relieved of his pain, but later became cachectic and died. Autopsy was not obtained. The removal of the tumor was only accomplished after many difficulties had been overcome. It consisted of chiefly connective tissue and alveolar arrangement, containing numerous plasma cells, together with some spindle and star-shaped cells. It also contained cells resembling those of the spinal ganglion, and degenerated nerve fibers. Cases of tumor of the Gasserian ganglion are exceedingly rare. Almost invariably they are either metastatic tumors, or have invaded the ganglion by contiguity.

11. *The Optic Tract.*—Herzog describes the brain of a woman forty-nine years of age, who, at the age of thirty-one, had some disease of the eye which led to complete blindness. She died of valvular heart disease, and the brain was examined in serial sections. In the optic nerves no nucleated nerve fibers were found until just before the chiasm a few were discovered in the optic nerve, grouped together in the lower portion of the section. A few faintly staining fibers were also found in the chiasm, grouped in small tracts. In each of the atrophic optic tracts there was a well-stained bundle of fibers at the lateral edge. No changes were found in the pulvinar or in the anterior corpora quadrigemina. The fibers in the peduncles of the anterior corpora were normal. The external geniculate bodies were reduced in size, and the fibers were thinner, and stained less distinctly. In the central portion of the optic tract, that is, in the radiation Gratiolet, and in the region of the cuneus nothing abnormal was found. Herzog gives a careful description of the commissures in the floor of the third ventricle. He was able to find Ganzer's and Meynert's tracts in his preparations, but no fibers corresponded to that of Gudden. He also was able to determine the position of Forel's commissure. He then describes the basal optic ganglion, of which the nucleus supra-opticus is a part; and describes the fibers associated with this ganglion. This article is really a careful study of the anatomy of some of the finer details of the cerebral portion of the visual apparatus, and the abstract is merely an imperfect statement of its contents.

12. *Diminution of Reflex Phenomena in Compression of Upper Portion of Spinal Cord.*—Lapinsky describes the case of a woman, fifty-four

years of age, who had some dull pain in the back, in the ribs on the left side, and increasing weakness of the legs. Examination showed (in the left leg) the muscle tone was slightly diminished, voluntary movement diminished in the great toe, and lost for all other parts, complete loss of the muscular sense. No change in the touch, pain or temperature senses, or in the skin reflexes, but increase in the tendon reflexes. In the right leg the muscle tone was normal; the muscular sense was normal; voluntary movement was normal; the touch, pain and temperature senses were greatly reduced, and there was inability to control the bladder. The electrical reactions of the nerves and muscles were normal on both sides. On the left side sensation was diminished as high as the sixth rib. On the right it was normal. There was hyperalgesia in the area of the third and fourth intercostal nerves. A diagnosis was made of tumor involving the left half of the spinal cord, in the neighborhood of the third and fourth segments. The patient, from time to time, had attacks of severe pain radiating over the side of the thorax and abdomen. During one of these attacks the absence of the Achilles tendon reflex was observed. Later the patient developed a bed-sore, but improved on vigorous mercurial treatment and counter irritation. Finally, she developed a tumor in the abdomen, emaciated and died. No autopsy was obtained. Lapinsky made a series of experiments upon dogs which consisted in the destruction of the plexus of the anterior extremities, and the irritation of the injured nerves. He found that during the period of greatest pain the reflexes in the posterior extremities were diminished. Examination of the spinal cords showed that the reflex arc was not injured. In his own case he believes that the loss of the reflex was due to peripheral irritation. He concludes therefore, that the law of Bruns, that loss of the reflexes occurs in acutely developing compression of the spinal cord requires further confirmation. Painful irritation involving the spinal cord may depress the reflexes above and below the affected arc. He therefore thinks that clinically it is important to classify the various forms of paraplegia resulting from compression of the cord into those with, and those without, pain, and that the absence of the reflexes in the first form may be purely functional; in the second form probably due to an organic change in the reflex arc.

13. *Hysterical Fever*.—Strümpell reports a number of cases of so-called hysterical fever, in which the high reading of the thermometer was artificially produced by the patient in order to render herself interesting, or for other reasons. Practically all the patients had hysterical stigmata.

(Band 30. Heft 5-6.)

14. Contribution to the Knowledge of Inherited Nervous Disease. KOLLARITS.
15. Contribution to the Knowledge of Traumatic Lesions of the Conus. FISCHLER.
16. Contribution to the Pathology of the Epiconus Medullaris. MINOR.
17. Extirpation of the Lower Half of the Spinal Cord, and the Subsequent Manifestations. L. R. MULLER.
18. Contribution to the Casuistry of the Neuritic Plexus Paralysis. GROBER.
19. Clinical Contribution to the Study of Hemiatrophy of the Tongue of Supranuclear Origin. MINGAZZINI and ASCENZI.
20. Diffuse Encephalitis of the Pons with Termination in Recovery. BREGMAN.

21. Nine Epileptic Absences or Brief Narcoleptic Attacks. FRIEDMAN.

14. *Inherited Nervous Disease*.—Kollarits continues Jendrassik's studies upon hereditary forms of nervous disease, reporting fifteen cases. Among these he observed changes in the bones, particularly in the spinal column, in the skull, and in the thorax. In another case the tendon reflexes of the patella and triceps were not present, but the Achilles tendon reflex was exaggerated. He believes that this condition is often present, and may be explained by assuming tension of the gastrocnemius. He also observed that, in spite of the flexion contracture the extensor muscles of the forearm were the stronger. The vegetative functions were often involved, particularly deglutition, defecation and micturition. In one case of pseudo-hypertrophic dystrophy the patient was apathetic and rarely spoke. This was the only instance of defect in intelligence. In several of the fifteen cases the exciting cause appears to have been some infectious disease. Kollarits regards alcoholism in the parents rather as a sign of their degeneration, than as a cause of degenerative hereditary disease in the children. He calls attention to the frequent difficulty in classifying these cases, and the polymorphous character of the nervous effects, not only in the same case, but particularly in different members of the same family. Consanguinity appears to play an important part. In four of the fifteen cases it could be determined to be present to a greater or less degree. The difference in the age of the parents does not appear to exert much influence. In one of the families they were of the same age; in two others, the father was twenty years older than the mother. In twelve cases, however, the father was over thirty-seven years of age. It appeared that the earlier children in the family usually escaped, the hereditary manifestations of the disease affecting those born somewhat later. In many families the boys seemed to be more frequently affected than the girls. In only one instance, that of hereditary optic atrophy, were two generations affected by the same condition. Among the typical forms of hereditary degeneration Kollarits includes hereditary neurasthenia, epilepsy, arteriosclerosis, and sterility. The pathology appears to consist in an aplasia or failure of development, in the affected parts, particularly the central nervous system. The cases observed were as follows: (1) Muscular atrophy and shortening; tremor of the upper extremities; nystagmus; increase in the tendon reflexes. In one case there was found degeneration of the lateral pyramidal columns, and a slight degeneration in Goll's column. (2) The symptom-complex of Friedreich's ataxia, combined with dystrophy. (3) Two brothers with nystagmus; intention tremor; cerebellar ataxia; spastic phenomena; increased tendon reflexes; stuttering, with remittent course. One of the cases also had arteriosclerosis, intermittent claudication and contracture of the right hand. The third brother died early of arteriosclerosis; three sisters had neurasthenia, and one hysteria. (4) Divergent strabismus, spastic paralysis, genu recurvatum, small head. (5) Three sisters and one brother had pseudo-hypertrophy. (6) Two brothers had pseudo-hypertrophy. (7) Pseudo-hypertrophy, deformed spinal column; Babinski reflex. (8) Pseudo-hypertrophy; general dystrophy with chypho-scoliosis; difficult deglutition, and various developmental peculiarities, and shortening of the muscles. (9) Pseudo-hypertrophy, followed by general dystrophy, divergent strabismus; extreme chypho-scoliosis; deformed thorax; drumstick fingers; increased Achilles tendon reflexes. (10) Pseudo-hypertrophy; muscular retraction; abnormal conformation. (11)

Three brothers with muscular dystrophy, beginning in the face and muscles of the shoulder girdle. In one case the leg and forearm were pseudo-hypertrophic. (12) General dystrophy, more pronounced on the left; diminution of the tendon reflexes on the left. Imperfect development. There was strabismus, and difficulty in urination. (13) Rhachischisis, spastic symptoms. (14) Various forms of nervous disease in three generations, including impaired vision. In one case, atrophy of the optic nerves was present. Three of the daughters were sterile. (15) The parents were uncle and niece. Two daughters and a son had epilepsy; two daughters were healthy.

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Psychiatrische-Neurologische Wochenschrift

(Vol. 8. November 10.)

1. Contribution to the Psychology of Cataleptic States in Catatonia. (Continued.)
2. Effect of Isopral.
3. Hysteria and Religious Impressions. WITRY.
4. Forensic Significance of Paramnesia. (Continued.)
 2. *Effect of Isopral*.—Isopral has the chemical name trichloriso propylalcohol. It was first used in 1904 as a hypnotic. The author of the article is not able to conclude from his observations what the value or the possible danger of drug may be as it has not as yet been long enough in use.
 3. *Hysteria and Religious Impressions*.—A short account of two hysterics. Of no special interest.

(November 17.)

1. The Technic of Large Brain Sections. L. W. WEBER.
2. Freud's Mechanism in the Symptomatology of Psychoses. (Continued.) PROFESSOR E. BLEULER.
3. Forensic Significance of Paramnesia. (Continued.)
 1. *Large Brain Sections*.—A purely technical paper on the methods of hardening, embedding and cutting large sections. Does not lend itself to abstraction.

(November 24.)

1. Freud's Mechanism in the Symptomatology of Psychoses. (Continued.)
2. Forensic Significance of Paramnesia. (Continued.)

(December 1.)

1. The Plaut-Wasserman Researches regarding Syphilitic Antibodies in Paresis. KONRAD ALT.
2. Freud's Mechanism in the Symptomatology of the Psychoses. (Concluded.) PROFESSOR E. BLEULER.
3. The Forensic Significance of Paramnesia. (Concluded.) PROFESSOR H. ZINGERLE.
 1. *Syphilitic Antibodies in Paresis*.—It is generally conceded now that paresis is the result of a preceding specific infection. The anamnesis, however, is notoriously inaccurate partly because paresis seems to develop in those cases that showed few of the syphilitic manifestations after infection and partly because of defects in memory as paresis usually follows