

## Periscope.

---

EXCERPTS WILL BE FURNISHED AS FOLLOWS :

<i>From the Swedish, Danish, Norwegian and Finnish :</i> FREDERICK PETERSON, M.D., New York.	<i>From the Italian and Spanish :</i> WILLIAM C. KRAUSS, M.D., Buffalo, N. Y.
<i>From the German :</i> WILLIAM M. LESZYNSKY, M.D., New York.	<i>From the Italian and French :</i> E. P. HURD, M.D., Newburyport, Mass.
BELLE MACDONALD, M.D., N. Y.	<i>From the German, Italian, French and Russian :</i> ALBERT PICK, M.D., Boston, Mass.
<i>From the French :</i> L. FISKE BRYSON, M.D., N. Y.	<i>From the English and American :</i> A. FREEMAN, M.D., New York.
G. M. HAMMOND, M.D., N. Y.	<i>From the French and German :</i> W. F. ROBINSON, M.D., Albany.
<i>From the French, German and Italian :</i> JOHN W. BRANNAN, M.D., N. Y.	

---

The Editor will not accept as ORIGINAL ARTICLES and CLINICAL CASES those that have appeared elsewhere.

Authors are requested to make none but typographical corrections on the proof sent to them. The manuscript must represent the final form in which the article is to be printed.

---

### CLINICAL.

*A Case of Diphtheric Hemiplegia* (Neurolog. Centr., No. 14, 1893, Donath).—The patient, a boy eight years old, was taken with an attack of diphtheria on November 22, 1892. The disease lasted fourteen days. On the third day of convalescence, when he was beginning to go about, he suffered during the night, while asleep, with an attack of complete hemiplegia, affecting the whole right side of the body, which was accompanied by severe facial paralysis and complete aphasia of an ataxic nature. The paralysis of the face began to disappear after the third week, and the aphasia had quite disappeared after four weeks. When the patient first began to recover from the aphasia, he was able to speak only in a whisper; he *appeared* to have some paralysis of the vocal cords; there was no difficulty in swallowing. When the reporter first saw the patient, two months later, there were no indications of further improvement

in speech, face or limbs. Examination on the 22d of April, 1893, showed a large, well-developed child. Slight paresis of right side of face; more marked paresis of right side of body; speech strong, but rather stammering and indistinct. Considerable contracture of right upper extremity, and right leg was dragged in walking. Increased triceps and patellar reflex, and foot clonus on the right side. There was slight general wasting of the affected limbs, but the electrical reactions were normal, and there was no impairment of sensibility. After a month's treatment there was slight improvement, but the contracture gave no evidence of bettering.

(We have been at some pains to quote the clinical history of this case in full, as there is evidently a serious discrepancy between the title and the contents of the article. Dr. Donath, of Budapest, the writer, says in the beginning of his article, that most commonly the paralysis following diphtheria affects the palate and the muscles of accommodation, less frequently the extremities, and still less frequently the muscles of the buttocks, neck, larynx, etc., and most rarely is there any disturbance of innervation of the heart, bladder, rectum or sexual organs. He quotes from Gowers, Henoch and Mendel to show the rarity of hemiplegic paralysis diphtheritica. He says that Gowers states that the weakness of the extremities in this disease is gradual in its onset, seldom or never complete, and, as a rule, symmetrical, whilst distinct hemiplegic weakness is never observed. Dr. Donath cites his case to show that this statement of Gowers is at variance. It is generally conceded that so-called diphtheritic paralysis has for its pathological basis a multiple neuritis. Accidents occurring during convalescence from diphtheria, while they may have hemiplegia as a result, as did this one, should not be classed as causative of diphtheritic paralysis. Nor should the resulting paralysis be designated as diphtheritic. It would be as logical to call the hemiplegia that sometimes follows rheumatism, rheumatic hemiplegia. The hemiplegia in the case detailed by Dr. D. would seem to be embolic. The time of its occurrence, the abrupt onset, the motor aphasia, the early and persistent rigidity, the fact that it followed in the wake of an infectious disease which has endocarditis for one of its most common complications, all point to the probability of such a diagnosis. The history of the case is not an uncommon one, and in our opinion it is a mistake to describe it as diphtheritic hemiplegia—J. C.).