

called it heboidophrenia. Under this name Hecker described certain attenuated forms of hebephrenia. Schüle called them professional idlers. Fink has described a mild form of hebephrenia characterized by defects in the moral sphere. Ilberg speaks of these brilliant persons who later become liars and vagabonds. Trömner insists on the ultimate vagabondage of these mild cases. Wernicke describes them under the name moral auto-psychoses of puberty. Ziehen recognizes them as the heboides of Kahlbaum. Cramer, Sommer and Kern recognize them in certain criminals and vagabonds. Wilmanns in a study of 127 vagabonds found sixty-six cases of dementia præcox.

The duration of the remissions is very variable, often lasting many years. The tendency is to recurrent attacks of excitement—the circular form of dementia præcox. This recurrent tendency has been especially described by Kraepelin. It often coincides with the monthly periods in women and also often with the conditions incident to pregnancy and parturition. He gives 9 per cent. of hebephrenics and 24 per cent. of catatonics as the result of pregnancy or rather coming on following confinement. The original center of the disease may cicatrize, as it were, but the disease is apt to be started afresh by accessions of auto-intoxication, as well of the menopause as of pregnancy. This intermittent evolution of the disease, especially when melancholic or maniacal symptoms occupy the foreground, makes it necessary to differentiate it from circular insanity. Kraepelin calls especial attention to this difficulty. The author adds that it is significant that these cases when over the attack attach little importance to it and are indifferent regarding it.

WHITE.

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1. Contribution to the Physiology and Pathology of the Contralateral Conjoined Movements. CURSCHMANN.
2. The Clinical Manifestations of Paralysis of the Abdominal Muscles, Upon the Basis of a Case of Isolated Partial Paralysis After Anterior Acute Poliomyelitis. STRASBURGER.
3. Contribution to the Clinical Study and Operative Treatment of Tumors of the Spinal Cord. BREGMAN.
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7. Congenital Myatonia. ROSENBERG.
8. The Changes in the Skeleton as a result of the Early Contractures of Progressive Muscular Dystrophy. DREYER.
9. Myopathic Muscular Hypertrophy. v. BECHTEREW.

1. *Contralateral Conjoined Movements.*—The author has carried out a series of examinations in a number of young individuals, in order to determine at what age symmetrical contralateral conjoined movements of the extremities cease, and in what group of muscles they are most pronounced. The experiments were performed first by having individuals carry out a number of simple voluntary movements, and second, by applying weights to the organs carrying out the voluntary movements, which acted as

reënförment for the conjoined movements. These movements were present in practically all cases under 10 or 15 years. In younger children they appeared simultaneously with the first voluntary movement, and Curschmann therefore calls this phenomenon "the infantile type." The groups of muscles most constantly involved are the extensors and adductors of the thumb and fingers. Other muscles, if they manifest these movements at all, usually cease to do so after there is inhibition from fatigue or other cause. When the weight reënförment was employed the conjoined movements were found in all cases up to 22 years, and in older persons there is reason to believe that there is at least some indication of the phenomena at all ages. Involuntary movements are more apt to occur in the right than in the left hand, excepting in left-handed persons. Occupations that involve the independent use of the two hands, as in piano-playing, have an inhibitory effect. Reflex conjoined movements occur in early infancy, particularly the plantar reflex. As soon, however, as the development of the pyramidal tract causes the appearance of the normal plantar flexion of the toe the conjoined movement ceases. Passive movements never produce conjoined movements at any age. In pathologic conditions Curschmann has noted these conjoined movements in cases of arthritis. In disturbances of the peripheral motor neurones they are frequently almost constant. In persons suffering from amputation the attempt to innervate the amputated extremity caused the conjoined movements in the other. If, however, the extremity had been amputated for many years the movements were not present. In twenty cases of infantile cerebral paralysis the contralateral conjoined movements were present seventeen times; five times as a result of either arm or leg; twelve times only when movements of the spastic paretic extremity were attempted. In five cases they were more intense when the paretic extremity was moved. In the three negative cases there were extreme contractures or flaccid paralysis. Certain interesting aspects of the reflex movements are also described. In tabes, the movements are absent. In chorea, they are present even in advanced age. In paralysis agitans, they are either diminished or absent. In two cases of myotonia they were present in an intense form even as a result of passive movements. In flaccid paralysis due to hysteria they were absent if either limb was moved.

2. *Paralysis of the Abdominal Muscles.*—The author reports the case of a boy of 14 who, after an attack resembling acute anterior poliomyelitis, had a flaccid paralysis of a portion of the muscles of the abdomen. The symptoms of this paralysis may be grouped under the functions of abdominal compression, which may be tested in a variety of ways, or the ability to regulate the relative positions of the pelvis and thorax. In Strasburger's case the abdominal compression by the muscles was fairly good. There was however, paralysis of the recti, and as a result, sinking of the lower portion of the pelvis, and inability to rise from the supine position without the aid of the hands. As a result Strasburger concludes that the transversalis was less affected than the rectus.

3. *Tumors of the Spinal Cord.*—A man of 44, for more than a year, had suffered attacks of pain in the left lumbar region. Later there were paralytic phenomena in the left and then in the right lower extremity. Progressive paralysis of the left leg of spastic character, slight paresis of the right leg, an area of anesthesia in the left lumbar region in the area of the distribution of the first to the third lumbar roots, dissociated sensation of the right lower leg, difficulty in urination, increase in the tendon reflexes of the legs, especially on the left side, and the Babinski reflex in

the left foot were present. The diagnosis rested between syphilis and tumor of the cord. The specific cure being without result an operation was performed, and a fibromyxoma removed from the region of the eighth, ninth and tenth dorsal vertebræ. The patient died of meningitis. The second case, a girl of 14, gradually developed spastic paralysis of both lower legs, with disturbances in urination, and pain in the side and legs. A diagnosis of a localized disease in the region of the dorsal cord was made. The condition not yielding to counter-irritation or other measures, operation was performed, and an irregular tumor found beneath the arch of the second dorsal vertebra, involving the spinal cord. No improvement followed, and the patient died three months later. The tumor proved to be a round-celled sarcoma arising from the pia, invading the spinal cord.

4. *Metastatic Abscess of the Pons.*—A man of 38 suddenly developed headache, vertigo, tinnitus, vomiting, paresthesia in the right half of the body and face, weakness of the extremities on the right side, difficulty in speech, deglutition and coughing, diplopia, and disturbed micturition. There was slight paresis of the right side of the face, slight difference in the pupils, and associated paralysis of the ocular movements toward either side, with preservation of the movements up and down. There was also paralysis of the soft palate, bulbar speech, some loss of hearing, especially on the left side, paresis of the extremities on the right, and disturbance of sensation. The patient rapidly grew worse, there was total blindness, convergent strabismus, and death five weeks after admission. The diagnosis was comparatively easy, especially in view of the disturbance in the movements of the eye, and the crossed paralysis. At the autopsy a large abscess of the pons varolii was found, secondary to suppuration in the right kidney.

5. *Sense of Vibration.*—The author gives a careful analysis of the literature of the sense of vibration. He reaches the conclusion that no case has been observed that proves that this a peculiar form of sensibility, but that many observations are on record which strongly indicate that it is due to the stimulation of the nerves of touch, and the sensory nerves of the deeper parts, and that it is not transmitted by the pain or temperature tracts.

6. *Route of Ascending Myelitis.*—The author has made a series of experiments on rabbits which had for their principal object the determination of the rôle played by the central canal in the distribution of toxic substances introduced into the spinal cord, particularly with reference to the ascension of the destructive action. He employed various antiseptic irritative substances such as turpentine, diphtheria toxin, and bacteria. These were introduced by means of a hypodermic syringe which was so inserted that as nearly as possible the material was injected close to the canal. He reports a number of illustrative experiments, the chief results of which were that, although the central canal often contained inflammatory exudate and detritus, the main channel of diffusion was by means of the perivascular lymph spaces. The changes could often be traced from the lumbar to the cervical cord. It was noted that diphtheria toxin caused very pronounced changes in the cells.

7. *Congenital Myatonia.*—In 1900 Oppenheim described a disease characterized by hypotonia of the muscles, extreme weakness of the muscles and loss of the tendon reflexes. Rosenberg collects all the cases of this disease hitherto reported, including one of his own, occurring in a boy 2½ years old. It is interesting that during pregnancy fetal movements

were barely felt. The disturbances are most pronounced in the legs. The electrical reactions of the muscles and nerves were greatly reduced or absent, but when present were of a normal lightning-like character. Treatment with the faradic current on alternate days produced considerable improvement. Rosenberg concludes after a study of the lesions found in Spiller's case, that the disease is primarily one of the muscles. He discusses the differential diagnosis of somewhat similar conditions.

8. *Changes in Skeleton from Early Contractures of Progressive Dystrophy.*—Dreyer reports two cases of progressive muscular dystrophy occurring in brothers. The first had an attack of fever at the age of two years and severe diphtheria at three. He was weak, could run only with difficulty, and fell easily. At the age of six contractures commenced in the right foot which ultimately assumed the equino varus position. At the age of sixteen an operation was performed for this with success, but at the same time the diagnosis of progressive muscular dystrophy was made. An X-ray showed a thinning of the diaphyses of both humeri. The second case, a brother nine years of age, at the age of $1\frac{1}{2}$ years had had an attack of fever with vomiting and diarrhea. In childhood his body was weak, and progressive muscular dystrophy was readily recognized. In this case the diaphyses of the femurs were usually thin. Dreyer discusses the theories which have been suggested to explain the occurrence of club-foot in progressive muscular dystrophy, particularly the theory of antagonistic muscular action, suggested by Hoffer. Regarding the atrophy of the bone, he agrees with the views of Schlippe.

9. *Myopathic Muscular Hypertrophy.*—The author reports three cases of myopathic muscular hypertrophy. The first, a man of 21, developed cramps in the legs at the age of 15. There was a marked hypertrophy of the tensor fascia lata muscle on both sides. Otherwise the muscles were normal, showing no myopathic changes. He had been exposed to cold, and apparently developed thrombosis of the veins in the left leg which was considerably larger than the right. Von Bechterew regards this enlargement as secondary to the phlebitis. There were also some disturbances of sensation.

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