

124. PARALYSIES TRANSITOIRES D'ORIGINE CARDIAQUE (Transitory Paralysis of Cardiac Origin). MM. Achard and Léopold Lévi (La Méd. Moderne, 7, 1897, p. 656).

MM. Achard and Léopold Lévi reported their observations of two cases where, apart from paralyzes due to gross cerebral lesions, transitory palsies occurred. The first case was a woman, who in the course of an attack of asystole had an inferior facial paralysis which lasted four days, and then completely disappeared. She was seized some days later with hemiplegia of the opposite side, and died. Histological examination showed only an active congestion and slight oedema, specially marked at the base of the first frontal convolution. The second case was that of a patient with mitral stenosis who had paralysis of the limbs of one side, and a facial palsy of the peripheral type, together with paralysis of the sixth nerve, upon the other side. This paralysis lasted for four days. These cases are related to those seen in the course of uraemia and hepatic intoxication, in which the authors say that they have also observed isolated and transitory facial palsies.

MITCHELL.

125. A CASE OF PARALYTIC CHOREA. M. V. Ball (Phila. Med. Jour., 1, 1898, p. 299).

A case is here reported of a child of seven, who suddenly developed pain in her various joints, followed by rapid and irregular respiration and heart's action. At the same time fine choreiform movements developed about the lips and arms. There was slight bronchitic involvement which soon disappeared, but the chorea persisted and increased. All the limbs were involved, and talking was interfered with. At the end of the week paralysis of the limbs developed, and the child lay passive, unable to do anything. Arsenic was employed, and at the end of two weeks there was an improvement, and at the end of six weeks recovery was complete, save for the persistence of a heart lesion.

JELLIFFE.

126. A PECULIAR FORM OF TIC CONVULSIF. F. G. Finlay (The Montreal Medical Journal, 25, 1897, No. 9).

The author reports two brothers affected with a peculiar form of family tic convulsif with nocturnal exacerbations and epileptic attacks. The patient's mother suffered from chorea in childhood, and insanity of pregnancy. The family is decidedly neuropathic. Previous to the onset of the convulsive movements Jean Degan, 23 years old, was impelled to execute any sudden command, even to render a person insensible. His trouble dated six years back. At present the patient is dull and stupid. He is muscularly well developed. Every few seconds a single twitching movement of one or the other side of the mouth, or a single similar contraction of the fingers of one or the other hand is observed. The movements are slight in degree, and apparently unaffected by his attention being drawn to them.

In addition to these twitching movements, marked jerking, inco-ordinate clonic movements are induced when he attempts to perform any action. During sleep both the twitching and the jerking inco-ordinate movements continue and are, indeed, much increased. The motor power is slightly diminished; sensation is unaffected; the knee-jerks are increased, and the pupils react well to light and accommodation. The optic disk is normal, and there is no nystagmus. One night he had several convulsive attacks which lasted about half an hour and were accompanied by sounds like the yelping of a dog.

The second case, Alex Degan, 20 years, closely resembles the first. In both cases the epileptic attacks followed the onset of the convulsive movements, and in view of the neurotic family history may be looked upon as expressions of hereditary nervous degeneration.

ABRAHAM.