

Nov. 9: Leucocytes, 14,050. Nov. 14: Leucocytes, 11,200. Nov. 17: Desquamation almost complete. Enormous scales on the soles of both feet. General health excellent.

Nov. 20: At 7 A.M. 2 gr. of quinia given. At 10.30 A.M. a slight erythematous blush was seen on face, neck and hands, and at 11 A.M. the patient began to itch and feel uncomfortable. By 12.30 the whole body was covered with an erythematous eruption which faded on slight pressure, that on the penis and scrotum not being as intense as on trunk. The skin felt dry and hot, and the patient was so uncomfortable that at 1 o'clock he went to bed. He said he burned and itched so that he would like to tear his clothes off. At 1.50 P.M. he began to have a chill which lasted about an hour; no malarial organisms found. At 3 P.M. the skin on the back had a fine papular eruption; the color of the whole body was a brilliant scarlet. At 4 P.M. leucocytes, 14,500. At 10.30 P.M. the scarlet tint began to disappear from the face and hands. Nov. 21: Scarlet color fading. Examination of throat showed same erythematous blush as skin. Patient described the sensation in the skin as feeling as if he had been immersed in a vat of boiling water. Nov. 24: Desquamation very extensive, enormous scales falling from all parts of the body. Leucocytes, 9,400.

Discharged well Dec. 9.

### THE SIGN OF "KOPLIC" IN THE DIAGNOSIS OF MEASLES.

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I DESIRE to call attention to the importance of a special sign that "Koplic," in 1896, described as a premonitory symptom of measles. As is well known, it consists of the presence of grayish-blue patches surrounded by a pinkish-red ring that appear in the mucosæ of the cheeks of people in whom measles will develop within a few days. Such a sign is very useful in the early diagnosis of the disease, especially in adults, where measles is so rarely suspected and where the premonitory symptoms of the disease assume, very often, a more serious aspect than in children. The sudden rise of temperature and of pulse, the conditions of the heart, the appearance of stupor and the presence very often of epistaxis and vomiting make us sometimes think seriously of the possibility of some other infection. I had a case lately in which the intense rachialgia, epistaxis and vomiting made me suspect an infection of smallpox. My suspicion was strengthened by the fact that the patient had just arrived from a place in which smallpox was raging.

Koplic, in the observation of many cases of measles, was able to detect frequently the signs spoken of above, from two to four days before the eruption came out.

In six cases which I have lately seen, two in adults and four in children, I observed the sign of

Koplic in one case four days before the eruption, in two cases three days, and in three cases two days before. In the case suspected as smallpox the sign manifested itself three days before the eruption. I used for the examination a frontal mirror and a side light.

## Medical Progress.

### REPORT ON MENTAL DISEASES.

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#### CEREBELLAR CHANGES IN GENERAL PARALYSIS.

RÆCKE<sup>1</sup> has studied the changes in the cerebellum in fifteen cases of general paralysis. In all cases he finds an increase of Bergmann's fibres in the molecular zone. This usually occurs in small areas, but in some places it may reach such a degree as to change the molecular layer into one single mass of fibres. The changes in the granular layer are limited to a greater or less disappearance of the granules; the nervous elements disappear and are replaced by glia tissue. The process may finally become so great that the tissue becomes a thick mass of fibres containing the remains of a few granules. The changes in the white substance are, as a rule, much less pronounced than those in the cortex and occur chiefly about the vessels. In general paralysis the molecular zone is chiefly affected, then areas of the granular zone, and last and least the medullary layer. We must, therefore, assume that the dendrites of Purkinje's cells in the molecular zone are injured in general paralysis, since every increase of the connective tissue must mean a certain loss of nervous elements. The process extends from the periphery inwards, and is more marked in the neighborhood of the vessels. The symptoms of ataxia and inco-ordination in paralysis may be due to these changes in the cerebellum, but the changes in the reflexes could not be brought into any relation with the cerebellar changes.

#### ALCOHOLISM AS A CAUSE OF GENERAL PARALYSIS.

In 102 cases of general paralysis observed at Brescia by Seppilli<sup>2</sup> from 1894 to 1900, alcoholism was the sole and exclusive cause of the disease in sixteen. There was no substantial difference in the symptomatology of these cases from that of the ordinary cases. Six cases were of the exalted type, with delusions of grandeur followed by dementia, one of the depressive type, with hypochondriacal ideas, and the rest showed progressive mental enfeeblement. The disturbances of speech had the same characteristics as in the other cases. Diffuse tremor was comparatively rare, and tremor was usually limited to the muscles of the face and tongue. Changes in the pupils were equally common. The course was in all fatally progressive, without remissions, and

<sup>1</sup> Arch. f. Psychol., May, 1901, xxxiv, 523.

<sup>2</sup> Ann. d. Neurol., 1901, xix, 89.