

Her assailant had succeeded in touching the abdomen, and when examined the entire abdomen was found to be hard, contracted, and exquisitely hyperæsthetic. Respiration was purely superior costal, and the patient was unable to take a full breath. The co existing constipation, indigestion and difficult micturition were presumably due to the extreme abdominal contracture and hyperæsthesia, the slightest movement being very painful.

The author has found massage, carefully graduated, to be the best treatment, but it must be continued until no vestige of contracture remains, as such residue may be the point of departure of renewed attacks. Immediately after the cessation of the contracture there is some muscular soreness, and as long as this continues the patient must avoid quick movements which sometimes cause a return of the trouble.

PATRICK (Chicago).

*Ueber eine seltene Form der alternierenden Scoliose bei Ischias.*

H. Higier (*Neurologisches Centralblatt*, 1895, No. 22).—After a more or less complete summary of the observations of cases of Sciatica, in which scoliosis has been produced, and after drawing a sharp clinical picture of the author's own "Alternating Scoliosis," Higier gives the history of a case recently observed, presenting the typical features of the disease.

The patient, a tradesman of 40, fell in such a manner as to strongly flex the right thigh and leg upon the abdomen. This accident was immediately followed by acute pain in the sciatic region. Notwithstanding the pain he continued his work until he was forced to give up, and was confined to bed for three weeks. Upon arising he found that he was "crooked." The pain continued as formication or burning from the hip to the ankle joint, finally becoming so severe, with an increasing obliquity, that he was induced to consult the author.

At first sight a very marked deviation of the vertical axis of the body to the left was apparent. Although the crests of the ilium, as well as the shoulders were level, the line connecting the left spine of the ilium with the axilla was straight, while that in the right side was decidedly concave. The spinal deviation was most evident when the patient assumed the erect posture, a plumb line dropped from the head touching the outer edge of the sound heel. In sitting up, a matter of difficulty, accomplished only with the spasmodic assistance of both hands, the patient complained of a peculiar sensation of tension, localized principally from the outer surface of the thigh downwards to the ankle.

The right hip was markedly prominent, its position being retained in walking, and accompanied by a slight outward ro-

tation of the leg. The deformity of the vertebral column did not disappear on reclining. Lying on the face was impossible on account of the pain it caused. Muscular palpation was painless, but pressure at the point of exit occasioned severe pain through the entire region supplied by the sciatic nerve.

After three weeks of treatment the patient had a sudden access of pain so violent as to occasion repeated fainting, and strange to say, examinations revealed no trace of the crossde scoliosis, there being present a less accentuated, but diametrically opposed spinal aberration. Twenty-four hours later the pain had ceased and the scoliosis resumed its former character. Since then the same thing has happened on two occasions, the "homologous" form lasting respectively eighteen hours and two days.

JELLIFFE.

*La Syringomyelia* By R. Verhoogen and P. Vandervelde, —*Maladie Familiale*. Brussels, 1894 (Henri Lamertin, publisher, 20 Rue du Marché au Bois).

The authors report three cases of syringomyelia occurring in the same family (two sisters, one brother). The diagnosis was confirmed by autopsy in one of the cases, which presented such a similarity of symptoms that no doubt can exist as to the identity of the condition in the other two cases. The sensory and trophic disturbances predominated over the motor ones, which were most marked in the post-mortem case. The sensory anomalies differed from the common type and varied as to distribution in the three patients. In case one and two they were confined to some fingers of both hands, part of the affected areas showing complete general anæsthesia, others only analgesia, others diminished tactile and pain sense with complete loss of the sense of temperature. In case three (autopsy case), only the lower extremities (but in their whole extent) showed disturbances of sensation: marked alteration of the temperature sense (notices no difference between cold and warm bodies), tactile sense preserved but perverted (feels the friction with a brush, but does not recognize the nature of the stimulus, attributing it at times to a warm body, at times to a cold body)—painful stimuli produce the sensation of heat instead of pain.

Trophic disturbances varying in the three cases: cyanosis, glossy skin, cutaneous changes similar to scleroderma, formation of blisters, deformation of nails. In all three cases deformities of most of the joints, curvature of spinal column, unequal size and shape of the individual vertebrae (as proven in the post-mortem case). In case three gastro-intestinal disturbances.

There were muscular atrophies in all three cases, in one of them the abductor pollicis brevis muscle had disappeared altogether on both sides. In case three (autopsy) a pseudohyper-