

same section. In certain cells this substance was found to be entirely normal, in others somewhat diminished, in others still it appeared as a very fine powder, and in certain ones it seemed to have entirely disappeared, the cell staining homogeneously. Pigment in abundance was found in the elements of the entire nervous system. In the cord there was intense hyperemia of all the vessels, even to the most minute; the perivascular lymph spaces were not visible.

The authors conclude their article with a review of the literature on the pathology of chorea and the establishment of an hypothesis as to the genesis of this disease.

J. W. COURTNEY.

CLINICAL NEUROLOGY.

252. BEITRAG ZUR CHRONISCHEN ANKLYLOSIRENDEN ENTZÜNDUNG DER WIRBELSÄULE UND DER HÜFTGELENKE (Contribution to the Chronic Ankylosing Inflammation of the Vertebral Column and the Hip-Joints). Valentini (Deutsche Zeitschrift für Nervenheilkunde, Vol. 15, Nos. 3 and 4, p. 239).

Valentini reports two cases of spondylose rhizomélisque, in one of which, contrary to the usual rule, some of the small joints were involved. An important distinction between this disease and chronic articular rheumatism, or arthritis deformans, is, that ankylosis occurs in every case of spondylose rhizomélisque, and the rigidity in chronic articular rheumatism is scarcely ever complete, and is due to pain and swelling of the capsule of the joint. The characteristic features of spondylose rhizomélisque, according to Valentini, are found in the ankylosis of the affected joints, in the beginning of the disease in the vertebral column, in the secondary involvement of hip and knee joint, in the almost invariable escape of the small joints, and in ankylosis of the small joints when they are attacked. The nervous system remains normal, and in this spondylose rhizomélisque differs from v. Bechterew's rigidity of the vertebral column. Valentini distinguishes four articular diseases having resemblances to one another, viz., chronic articular rheumatism, arthritis deformans, spondylose rhizomélisque, and the rigidity of the vertebral column with intercostal neuralgia (v. Bechterew). SPILLER.

253. CHIRURGISCHE EINGRIFFE BEI HYSTERIE (Surgical Measures in Hysteria). M. Sander (Deutsche med. Wochenschrift, Sept. 7, 1899, p. 588).

Sander reports two cases of hysteria which simulated disease of the intestinal tract, and in one case operation was performed twice; in the other, four times within a year. The first patient presented more the symptoms of intestinal obstruction; the second more those of perforation peritonitis. The ileocecal region seemed to be especially involved. The chief sign in the first case was meteorismus, occurring frequently with pain. This was first seen after a hysterical attack, and the diagnosis of hysteria was at once made. Variation in the frequency of the pulse, and later vomiting, fever, and a painful resistance in the ileocecal region were observed, and the diagnosis became doubtful. The vomiting was regarded as an undoubtedly hysterical sign; the increase in temperature was either artificially produced or was the result of constipation, and the latter seemed more probable, as the temperature did not go much above 38 degrees C., and usually fell with action of the bowels. The pain on pressure in the ileocecal region was probably in a hyperesthetic zone. The operations revealed no organic disease.

The second patient came to the hospital on account of pain in the right hip, and the diagnosis of hysterical coxalgia was made. She was desirous of arousing the interest of the physicians. Later she had frequent vomiting, distended abdomen, diarrhea, and some tenderness of the abdomen, at first especially in the ovarian region. The diagnosis of *ulcus ventriculi* was made. Circumscribed tenderness in the region of the stomach, and a tender point to the left of the vertebral column, and blood on one occasion in the vomit, seemed to strengthen this diagnosis. Fever developed, but the disproportion between the fever and the pulse rate was striking. Perforation and circumscribed peritonitis were believed to have occurred, especially as dullness in the region of the stomach with pain and loss of strength were observed at this time. The dullness disappeared after a few days. Nourishment was given by the rectum until it was observed that food taken secretly by the mouth caused no bad symptoms. Operation revealed no sufficient cause for the symptoms.

SPILLER.

254. UN CASO PARAPLEGIA DA PERTOSSE (A Case of Paraplegia from Pertussis). Ezio Luisada (*La Settimana Medica*, Jan. 1899, No. 3, p. 25).

In the above case Luisada makes a very interesting and valuable clinical contribution to the study of cord lesions arising in the course of whooping-cough. The patient was a female child of five years, of tardy development, and of not altogether good nervous heredity. She had had enteric disturbance in the first months of life and measles in the seventh, which left her with a bronchial catarrh that persisted for four or five months. During her fifth year she contracted what at first seemed a mild type of pertussis, but which subsequently became so severe as to cause conjunctival ecchymoses from the violence of the paroxysms. Soon after the appearance of these vascular disturbances it was noticed one morning that the child, on getting out of bed after a night not characterized by any special rise of temperature or unusual nervous phenomena, was very weak and unsteady on her legs, and that she complained of pains in the latter. During the day the pains increased in severity and the weakness of the legs went on to the establishment of complete paraplegia; there were also girdle pains, and tenderness on pressure over entire spine below the upper dorsal region. The child had great trouble in starting her water, and the desire to urinate persisted after the bladder was fully emptied; constipation was marked. There was no vomiting and no cranial nerve trouble. After a few days slight improvement was noted in the pain, and the paralysis had decreased somewhat. Two months later examination showed head and upper extremities free from trouble, and nothing abnormal in the respiratory tract except some sibilant râles in the right back, and a slight emphysema. The abdomen was humid, with flaccid muscular walls, and the inguinal glands were somewhat enlarged; the abdominal reflex present, but weak. There was tenderness on pressure over the spine, especially in the dorsal region. The legs were of normal volume and consistence on both sides, but there was almost absolute paralysis of all muscles, and the adductors of both thighs were evidently contracted; the feet showed slight plantar flexion. Attempts at passive movements of legs encountered resistance in all muscles. The patella and plantar reflexes were very lively and ankle clonus was slightly present, especially on the right. Tactile sensibility was retained on lower extremities and abdomen, but painful impressions were lost in these regions up to a line encircling the body on a level with the umbilicus; above this