

**AN EPITOME OF THE
DIAGNOSIS AND TREATMENT
OF NERVOUS DISEASES
INCLUDING BROMIDE THERAPY**

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An Epitome of the diagnosis and treatment of nervous diseases including bromide therapy by
Henry Irving Berger

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HENRY IRVING BERGER

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of the
Diagnosis and Treatment
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including
Bromide Therapy

HENRY IRVING BERGER, M. D.

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L. V. I. W.
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Preface to the First Edition.

THE presentation of this pocket edition on the subject of nervous diseases has been the outcome of the numerous complaints of my fellow-students and practitioners on the voluminous and sometimes ambiguous character of our larger text-books on this subject. This condensed and epitomized treatise will be found to be a handy reference book on the subject, and because of its small size can be conveniently carried about one's person, and furthermore will permit the practitioner to record clinical findings and other clinical notes. The student in medicine will also find some space valuable for adding additional notes derived from personal observation, from lectures and clinics.

The section on diagnosis is given the most attention in this discussion. The simplicity of the same will at once attract the attention of the reader. The statements herein made are governed by the law of the frequency of the occurrence of the symptoms in similar diseases.

For the benefit of the profession I have appended a chapter on **Bromide Therapy** in which special reference is made to the indications of the bromides and the necessity of prescribing only the pure bromides such as are contained in **Peacock's Bromides**.

303 North East St.,
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Topical Diagnosis of Diseases of the Brain and Spinal Cord

The observations of Fritsch, Hitzig & Goltz, Starr, and many others resulted in the finding of certain definite areas in the cerebral cortex, each having specific functions.

(A) BRAIN LOCALIZATION.

Motor Area: Is situated around the Rolandic fissure in the ascending frontal and ascending parietal convolutions. The centers for the leg, arm and the face are arranged in this order from above downward.

Irritative lesions produce spasms (Jacksonian Epilepsy) or convulsions on the opposite side of the body.

Destructive lesions cause paralysis (Hemiplegia) on the opposite side of the body.

The leg, arm and the face may be affected all together or separately, dependent upon location and extent of lesion. When one of these centers is alone involved the condition is called "monoplegia."

Jacksonian Epilepsy is a frequent accompaniment of Brain Tumors. See page 15.

Paralysis of the cerebral type is characterized by spasticity, absence of wasting, and no deviation from the normal electrical reactions.

Center for Voluntary (Articulate) Speech: Is situated on the left side in the inferior frontal convolution of Broca. If this center is destroyed there occurs MOTOR APHASIA. (Loss of memory as to how one should move tongue and articulate.)

The remaining part of the frontal lobe is the center for higher psychological functions.

Center for Hearing: Is located in the superior convolution of the left temporo-sphenoidal lobe. If destroyed there results word deafness or SENSORY APHASIA. (Failure of perception spoken language.)

Center for Vision: lies on the mesial surface of the occipital lobe. A destructive lesion on the right side causes left-sided homonymous hemianopia. A destructive lesion on the left side causes right-sided homonymous hemianopia.

Center for perception of written language: lies in the angular convolution surrounding the first temporal fissure.

- Sensory area:** lies in back of the Rolandic Fissure in parietal lobe. All forms of sensations are interpreted in this area.
- Cerebellum:** Herein lies the center for co-ordination of voluntary movements. Lesions such as tumors produce ataxia and vertigo. The ataxia affects the trunk and legs but not the arms.
- Internal Capsule:** Lesion of the posterior limb causes hemiplegia on opposite side of body, and is permanent. It is the usual seat of intracerebral hemorrhage (apoplexy). Lesions of the anterior limb, but close to the posterior limb, causes hemianaesthesia on the opposite side, and often the cutaneous sensation is alone affected. The special senses may also suffer if the posterior limb is involved.
- Central Ganglia:** Lesions here result as in the preceding only when the pyramidal fibers are affected. Destruction of the posterior portion of the optic thalamus causes complete hemianopia on the opposite side.
- Corpora Quadrigeminae.**
If both anterior tubercles are destroyed, there occurs total blindness and paralysis of the Motor Oculi Nerve and the Trochlear Nerve (Strümpell).
Destruction of the posterior geniculate bodies causes some disturbances in hearing.
- Crura Cerebri:** Destructive lesions results in paralysis of arm, leg and face of opposite side, and paralysis of the motor oculi on the same side as the lesion.
- Pons:** Destructive lesions results in hemiplegia and crossed facial paralysis. Hemi-ataxia is common, i. e., patient falls toward side of lesion.
- Medulla:** Destructive lesions cause bulbar symptoms. See page 11.

Diagram.
Outer Surface of Brain.

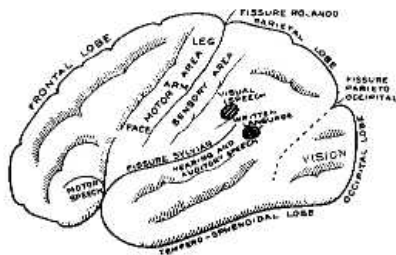
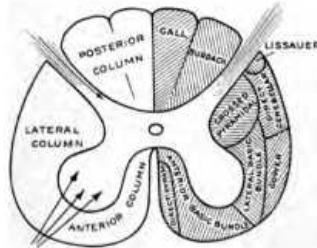


Diagram.

Cross Section of Cord, Showing Tracts of the Cord.



(B) SPINAL LOCALIZATION.

Crossed Pyramidal Tract: The fibers of the corona radiata arise from the motor area of the brain and constitute the pyramidal tract which forms the internal capsule and passes through crus, pons and then crosses to the opposite side at the motor decussation in the medulla, and thence down into the cord. In a unilateral lesion of the cord or when any disease destroys a part of this tract, there occurs a paralysis of all muscles below the lesion, and on the same side of the lesion. The resulting paralysis belongs to the cerebral type and is characterized by: spasticity and rigidity, no wasting and no change in electrical response. Descending degeneration occurs below the lesion.

Direct Pyramidal Tract of Turck: The fibers also arise from the ganglion cells in the motor area but do not decussate. Lesions thereof are unimportant.

Columns of Gall and Burdach: The sensory fibers (90% of which arise from the post root ganglia) enter the cord through the posterior nerve roots, pass up in the columns of Gall and Burdach and cross to the opposite side at the sensory decussation. From here the greater part goes to the optic thalamus and then to the sensory cortex.

In destructive lesions of these tracts or if the cord be severed at any level, an ascending degeneration will occur above the lesion.

The sensory fibers contained in these tracts are those of touch, pain, muscle sense and temperature. Also fibers necessary for completion of the reflex arc.