

**THE PRACTICAL MEDICINE SERIES:  
COMPRISING TEN VOLUMES ON THE  
YEAR'S PROGRESS IN MEDICINE AND  
SURGERY; VOLUME X: NERVOUS  
AND MENTAL DISEASES. SERIES 1917**

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**CHARLES L. MIX & HUGH T. PATRICK & LEWIS J. POLLOCK**

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THE  
Practical Medicine Series

COMPRISING TEN VOLUMES ON THE YEAR'S PROGRESS  
IN MEDICINE AND SURGERY

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UNDER THE GENERAL EDITORIAL CHARGE OF  
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VOLUME X

NERVOUS AND MENTAL DISEASES

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## DISEASES OF THE NERVOUS SYSTEM.

### SYMPTOMATOLOGY.

**Coördinated Reflexes.** Böhme<sup>1</sup> describes the case of a boy with complete paralysis of the left leg and also of the right except that it could be flexed a very little at the hip. Likewise, there was paralysis of the rectal and vesical sphincters. The condition had existed for five years. The tendon reflexes were exaggerated; occasionally there were involuntary movements of the legs. On stroking the sole the hip and knee became flexed with dorsal flexion of the foot and toes, and this same coördinated reflex was obtained when the skin of the leg and of the lower abdomen was irritated. A strong stimulus caused flexion, a weak stimulus extension. The extension reflex is tonic, the limb remaining in the extended position even when it has been passively induced. The other leg became slightly flexed as the one leg became extended, and *vice versa*. When the flexion reflex is induced in one leg by strong irritation, extension occurs in the other. When the patient lies upon his back with both legs fully extended application of the electric current to the sole of one foot causes flexion of this leg, and a trifle later of the other likewise. Böhme suggests that these coördinated movements may be made use of in the treatment of the paralysis by eliciting coördinated movements instead of merely stimulating isolated muscles.

**Further Observations on the Cerebral Heat Centers.** Previous experiments by Ernest Sachs and P. P. Green<sup>2</sup> in stimulating the caudate nucleus faradically showed no temperature changes. Since then, ninety-

(1) Deutsch. med. Wochenschr., Dec. 7, 1916, p. 1501.

(2) Amer. Jour. Physiol., March, 1917, p. 693.

three experiments on cats and rabbits have been carried out. This paper also includes observation on over 150 craniotomies in human beings. There were thirty-one electrolytic lesions, sixteen injection experiments, and fifty-one reaction experiments, after Barbour's method. In the electrolytic lesions, temperature rises were noted, but controls showed just as much change. Injection of emulsion of cortex and caudate into the caudate showed similar temperature changes, but controls showed the same. The results of reaction by the Barbour method were variable, and a rise of temperature with cold water and a fall with hot was not observed.

These experiments did not confirm the view that there is a cerebral heat center.

**The Effect on Papilledema of Removal of Small Quantities of Cerebrospinal Fluid by Spinal Puncture.** Three cases of swelling of the optic nerves have been observed by William G. Spiller and G. E. de Schweinitz<sup>3</sup> in which the removal of a few cubic centimeters of cerebrospinal fluid had a remarkable effect. They state that lumbar puncture is occasionally followed by the subsidence of choked disc very much as it occurs after cerebral decompression. They conclude, in general terms, that lumbar puncture is not justifiable except in rare instances where there is a definite recognition that the increased intracranial pressure is due to cerebral or cerebellar tumor. But in meningitis, apparently in encephalitis, and in some forms of optic neuritis dependent on toxemia, for example, the influenzal types of optic neuritis, and perhaps in disc changes dependent upon fracture of the skull, it is a proceeding worth careful consideration. Although aware that occasionally such procedure is followed by undesirable consequences, they feel that a papilledema of five or six diopters is so grave a condition that lumbar puncture, even though brain tumor can not be absolutely excluded, would seem to be a safer procedure than the more formidable operation of cerebral decompression.

(3) *Jour. Nerv. and Ment. Dis.*, July, 1917, p. 19.

**The Effect of High Explosives on the Ear.** Cases of nerve deafness due to shell concussion can be divided, according to J. Gordon Wilson,<sup>4</sup> into three groups: (1) Those with nerve deafness; (2) those who have had nerve deafness to a varying degree and who have the fixed idea that they cannot hear; (3) malingerers. In this paper Wilson deals with the first group, which he roughly classifies as follows:

1. Cases of nerve deafness associated with damage to the conducting mechanism.

2. Cases without any visible or demonstrable lesion in the conducting mechanism, although this may have been present at the time of concussion.

3. Cases with destruction of the cochlea and of the semicircular canals or their nerves.

He states that as a result of the high explosive with constant increase of pressure in the ear there occurs a dissolution of the permanent auditory pathway and a spreading of nerve impulse into other adjacent paths. The auditory stimulus no longer reaches its goal and deafness results. Such a dissolution may occur at one or at all the synapses. It may not be complete and a maximal stimulus may still be able to get through. This distribution of the nerve impulse may help to account for the associated nervous phenomena. In the treatment of this condition, Wilson advises the employment of normal stimuli, as musical notes or voices, carefully graduated physical exercises, and warns against the use of electricity which, he states, is liable to produce vertigo.

**The Syndrome of the Posterior Lacerate Foramen.<sup>5</sup>**

A man, aged 52, shortly after the appearance of a labial chancre developed enlargement of the glands on the corresponding side of the neck, and at the same time and on the same side paralysis of the internal branches of the eleventh cranial nerve, (hemiparalysis of the soft palate and larynx with acceleration of the pulse); paralysis of the ninth (disturbance of taste

(4) Brit. Med. Jour., March 17, 1917, p. 353.

(5) Abstracted from Rev. Neurol. and Psychiat., June 17, 1917, p. 194, from Paris méd., 1917, Vol. 7, p. 78.