Part III.—Epitome of Current Literature.

1. Neurology.

Heteræsthesia in Spinal Concussion [*L'Hétéresthésie dans la Commotion Directe de la Moelle Epiniére*]. (*L'Encéphale, April*, 1922.) *Lhermitte and Cornil.*

Heteræsthesia is the term applied to that peculiar disturbance of sensation, hyperalgesic or dysæsthesic, which in rare cases of spinal concussion affects the region below that corresponding to the focus of injury. Its distribution is not uniform, different root-areas showing a special and distinct degree of sensibility.

In the case described by the writers, a sergeant, aged 25, was wounded by a bullet in the region of the second dorsal vertebra, paraplegia resulting immediately. Four days later he began to feel severe burning pains in the legs on the slightest touch. Both pains and paralysis steadily lessened, and the latter disappeared. Six months after the wound a light touch on the legs still evoked a sensation of burning. Twenty months later the dysæsthesic zones corresponded exactly to the skin areas supplied by the twelfth dorsal, upper three lumbar and part of the second sacral nerves. After a further six months heteræsthesia persisted in the root-area of the second right sacral, while the sensation produced by stroking in the right upper lumbar areas lasted longer than in the corresponding region of the left side.

The possible pathogeny is discussed, but it is pointed out that the subject is rather of clinical interest, and that the occurrence of heteræsthesia may be regarded as a sign of spinal concussion convincing in value in a case of doubtful diagnosis.

C. H. FENNELL.

Partial Continuous Epilepsy, with Especial Reference to that Produced by Microscopic Cortical Lesions. (*Arch. of Neur. and Psychiat., May*, 1924.) *Wilson and Winkelman.*

Partial continuous epilepsy is that form of the disease in which during conscious intervals between the major fits continuous muscular twitchings appear at different places. It is due to an irritative lesion of the motor cortex, usually gross, but sometimes microscopic. The writers describe three cases of the latter variety, and point out that operation is here contra-indicated, whereas in the cases due to tumour operation is always in order.

In the first two, with diagnosis of subdural hæmorrhage and tumour respectively, craniotomy was performed, but revealed only encephalitis of unknown ætiology. In each case death rapidly ensued. The third case proved at necropsy to be one of encephalitis due to diffused carcinoma.

That partial continuous epilepsy may be due to microscopic

lesions and not to tumour, abscess or subdural or extradural hæmorrhage is important because the pathological study of two of these cases showed many unaffected cells, and therefore a chance of some degree of recovery. C. H. FENNELL.

A Very Chronic and Benign Form of Wilson's Disease [*Über eine sehr chronische und gutartige Form der Wilsonschen Krankheit*]. (*Zeitschr. für die ges. Neur. und Psychiat., March*, 1924.) *Curschmann, H.*

In this short paper the author draws attention to the fact that it is now becoming habitual to assume that all cases found showing motor disorders referable to the pallido-striate system are sequelæ of lethargic encephalitis; but just as the paralysis agitans syndrome occurs without such external causation, so also it is found that cases of true Wilson's disease and of the similar Westphal-Strümpell pseudo-sclerosis may be mistaken for encephalitic sequelæ which closely resemble them, even—in one case described by Westphal and Sioli—to the extent of having an accompanying cirrhosis of the liver.

He describes a case exemplifying the fact that the symptomatology of the Westphal-Wilson syndrome has a wider range than that originally described, in that some cases exist which run a benign and chronic course, with incomplete development of symptoms and without leading to a fatal issue.

This case began in childhood with a slight clumsiness of leg movements, and at the age of 9 his handwriting was slow and unsteady. These defects persisted with very slight increase through adolescence and adult life, so that finally he took to a typewriter, and later became rather clumsy at this also. There was no history of liver disorder or jaundice. The family history was negative except for a slight clumsiness in walking observed in his father.

When examined at the age of 40 he was found to have a rather blank expression and lack of facial play of emotion, but full range of voluntary facial movement. His speech was slurred and slow, but neither scanning nor monotonous. No ocular disturbance, but a congenital bilateral cataract. No difficulty in chewing or swallowing. Occasional lateral tremor of the head. Movements of limbs slow, unsteady, with some tremor, which increased on voluntary movement; increased muscle tone and antagonist fixation contracture in biceps and supinator longus as described by Strümpell. No Parkinsonian gait or posture; no pro- or retropulsion; gait ataxic and stamping. Sensation normal. The liver was increased in size, a hand's breadth below the costal margin, hard, but smooth; spleen enlarged and hard. Reflexes normal. No mental change but a slight neurasthenic reaction. No bile-pigments in the urine. Blood-count showed an increase of lymphocytes typical of cirrhosis of the liver. No liver-function tests were made.

The symptoms point indisputably to Wilson's disease of a type described in recent years and more chronic and benign than those originally described, and lacking mental derangement; several