

Part III.—Epitome of Current Literature.

1. Neurology.

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

Heteræsthesia is the term applied to that peculiar disturbance of sensation, hyperalgesic or dysæsthetic, 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 dysæsthetic 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.

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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