DISEASES OF THE SPINAL NERVES


(Mercurial Treatment of Syphilis.)


B. Alcoholic Neuritis.


Boecker. Arch. de neurolgie. Journal, 1887, pp. 70 et seq.


Widmar, Martin. Wiener med. Presse, 1888, xxxii, 14. (Angioneurismus of the Vessels of the Head as a Result of Alcohol and Nicotine Intoxication.)

Sharley. Alcoholic Paralysis of the Foreign, Pauromatique, and other Nerves. Transactions of the Pathol. Society, 1888, xxxiv, p. 27.


Siemering. Charité-Annalen, 1890, xiv, p. 443.


DISEASES OF THE TROPIC AND VASO-MOTOR NERVES

1. Neuritis caused by Subcutaneous Injection of Ether.


2. Muscular Atrophy after Joint and Bone Diseases—"Reflex Atrophy" (Charcot).


Deschamps. Contribution à l'étude des atrophies musculaires à distance, appelées encore, "atrophies réflexes." Thèse de Paris, 1883. (The trophic force of the nerve centres is diminished according to this author.)

Cornil. Prog. med., 1885, xi, 21, p. 405. (Muscular Atrophy after Attacks of Gout simulating Progressive Muscular Atrophy.)


Dubois. Myopathies névrotiques. Ibid., 1890, 6.


Dupuy et Cazin. Arch. gén. de méd., 1892, 1. (Muscular Atrophy after Joint Disease.)

Hughes, Lane. Deutsche Med.-Ztg., 1891, 16. (The Neuroses in Chronic Rheumatoid Arthritis.)


B. Diseases of the Trophic and Vaso-Motor Nerves.

In spite of the epoch-making labors of Samuel (cf. lit.), who, after Romberg, was the first to postulate the existence of definite "trophic" nerve fibres for the regulation of the nutrition of the tissues, we are today still unable to demonstrate such fibres, nor do we know whether there exist purely trophic centres, or whether the trophic influence is exerted by some centres already well known—viz., by the motor, sensory, or vaso-motor. On the other hand, the existence of such a direct trophic influence of the nervous system upon the tissues can not be called in question. Again, we can not as yet decide whether or not this influence, upon which the nutrition of the
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pathological processes in the peripheral nerves may also have the same effect. Among the central affections, which, however, may remain latent for a long time, so that one might be led to regard the trophic changes as independent affections, we must mention in the first place tabes—which we shall discuss in this connection later—hystere, certain cerebral diseases due to changes in the vessels, such as apoplexy with the acute bedore, of which we have spoken on page 232, and again diseases of the gray axis of the spinal cord (Jarisch), among others the “paralyse g&egrave;rale spinale ant&eacute;rieure subag&egrave;e” (Pitres et Vaillard, Prog. med., 1888, 35). To the diseases of the peripheral nerves, and the infectious diseases in the course of which trophic disturbances may occur, we have already alluded.

At present we can form no idea how many diseases, not only of the nerves and of the muscles but also of other organs, we shall have to call “trophic” when we once become better acquainted with the position of the trophic centres and fibres than we are now. For the present the term is restricted to a small number of affections, and it will suffice to say a few words about the most important among them, and first about the trophic-neuroses of the skin.

Anomalies of secretion which have to do with the sebaceous glands as well as the sweat glands are not uncommon. It is well known that seborrhoea, for example, may occur after long-standing menstrual disturbances, chlorosis, anemia, after exertion, or as a consequence of too great sexual excitement, masturbation, etc., especially in young individuals, whereas diminished secretion of the sebaceous glands, as found, for instance, in ichthyosis and in senile atrophy of the skin, is comparatively rare. The purely nervous origin of this, as well as of hyperhidrosis and anidrosis, can hardly be questioned. Hyperhidrosis is seen on one side alone or on both sides in central diseases—for instance, in some diseases of the medulla oblongata (Traube), of the spinal cord (spinal apoplexy, myelitis), and of the entire nervous system (tabes, hystere). It also occurs reflexly (Raymond). The anidrosis appears in peripheral facial paralysis, in dementia paralytica, and in certain skin affections, such as psoriasis, ichief, and ichthyosis.

Among the skin affections associated with exudation we have erythema nodosum, urtica, and a disease probably akin to it, the angio-neurotic edema (Quincke), which appears sometimes quite suddenly on different parts of the body, the patient

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feeling otherwise perfectly well. The hydrarthrosis interna, which Fére has regarded as an articular angio-neurosis (Revue de Neur., 1893, 97), and cutaneous swellings of nervous origin accompanying the menses (E. Boerner, Volkm. Samml. klin. Vortr., 1888, xi, No. 312), have been described. Again, we have certain forms of eczema, prurigo, herpes zoster, and others, although their nervous origin is not established beyond doubt. As every one of these affections presents in its development, in its clinical significance, and in its treatment, so much that is by no means clear, we deem ourselves hardly called upon to enter into a detailed description of them here. Some, as, for instance, the herpes zoster in the course of facial paralysis, have been mentioned above (cf. page 90). Equally obscure is the origin of cutaneous hemorrhages—as, for instance, the ecchymoses which occur in tabes after severe attacks of pain—or the pigment hypertrophies (e.g., lepra), of the anomalies of cornification (keratosis and ichthyosis), of the navi, which is said to be due to intra-uterine disease of the spinal ganglia, of the atrophic conditions of the skin (striae and maculae atrophie), of the so-called glossy skin (glossy fingers), of the pigment anomalies (vitiligo), of the atrophy of the hair, and the atrophies or deformities of the nails, changes which we meet with in the most varied nervous affections and under the most varied circumstances.

An interesting angio-neurosis is the so-called night paralysis, which has been described by Ormerod, Bernhardi, and others. It consists in numbness, pain, and a feeling of weakness occurring at night in the upper extremities. Distinct anæsthesia and actual paralysis are not present. Women are affected more frequently than men, and seem to be particularly prone to it at the menopause.

LITERATURE.


Weiss. Prager Zeitschr. f. Hautk., September 15, 1885, vi, 6. (Zoster cerebri.)


Jesse, M. Berliner klin. Wochenschr., 1893, 4, 5.


Dürr. Der praktische Arzt, (1892, 9), Case of Erythromélalgia.


The so-called symmetrical gangrene of the fingers and toes (severely) which was first described in 1882 by Raynaud, and which has, after him, been called Raynaud's disease, comes on with the following symptoms: The fingers appear at times as if dead ("dents de mort"), at another time they turn a dark-red color and burn violently. Gradually disturbances in nutrition, at first only transitory, later permanent, develop, and blisters form, which open, leaving a sore which heals with loss of substance. The nails fall out and are not replaced, while parts die, the necrosis being symmetrical on both sides, and mostly the usual causes of gangrene—such as disease of the heart or of the blood-vessels, septicemia, traumatism, etc.—are present. The disease is, however, very rarely met with in its full development, while lighter grades, in which we have only to deal with a transient spasm (or paralysis) of the vessels, especially in the hand, are not uncommon. In such instances, the hands become bluish and icy cold, and we have a condition known as local asphyxia. Raynaud's disease may be confounded with peripheral neuritis, ergotism, diabetes, and senile gangrene. It should, however, not be difficult to avoid such a mistake if we take into consideration the characteristic course of the disease and the absence of any of the aetiological factors before mentioned. It is interesting to the patients, and indications that the hands are bathing them in warm water without the application of alcohol or alcohol solution with a camel's hair brush.
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Petan. Gaz. des hôp., July 26, 1887, lix, 90.


Schieder. Wiener med. Wochenschr., 1892, 32, 47.


Undoubtedly a close relation exists between Raynaud's disease and scleroderma. In this latter very rare affection, which also depends upon trophic disturbances, the skin, after having presented edematous swellings in the first stage, becomes later hard and immovable, so that it is impossible to pick up a fold of it between the fingers. The affected parts, more particularly the face, neck, and the upper portion of the chest, where frequently a diffuse increase in the pigment is noticeable, are impeded in their movements, the play of the features is lost, the mouth can not be completely opened, the eyes can not be closed, and rotation of the head becomes impossible, etc. The patient feels a sensation of discomfort; the coldness of the skin, which reminds one of that of a corpse, is most distressing, and a slight fall in the outside temperature is sufficient to bring about cyanosis. Quite gradually the atrophic, theterminal, stage comes on, in which the skin gets as thin as paper, remains firm, however, firmly fastened to the underlying tissues, so that it is still impossible to pick up a fold. With these changes is associated an atrophy of the muscles, which has to be regarded partly as a tropho-neurosis, partly as an atrophy due to inactivity, and the patient becomes helpless and unfit for work. After the disease has lasted for several years, if convalescence has not set in in the second stage, a general marasmus develops which leads to a fatal issue. An effectual treatment is not known. Warm baths, simple ointments, the constant current, internally tonics, iron, cod-liver oil, etc., may be tried, but we are not justified in placing any confidence in them.

HEMATOPHIA FACIALIS.

LITERATURE.


van der Velden. Journ. de méd., de chie, et de pharma, 1893, lii, 35. p. 361. (No pathological changes were found in the nervous system.)

The next affection to which we shall call attention is as remarkable as it is rare. According to our present ideas, it has also to be ranked among the tropho-neuroses. We are referring to a very gradually developing atrophy of the face (sometimes ushered in by pain and paraesthesias), which may appear on one or both sides, and generally embraces equally the skin, the subcutaneous tissue, the muscles, and the bones. The beginning is usually as follows: Whitish spots appear on the skin of the face, which sink in more and more and are accompanied by a diminution of the fatty tissues below; gradually the atrophy increases in extent, and nothing escapes with the exception of the musculature, and this only occasionally and for a certain time. The affected side is sunken in, and the skin assumes a whitish-brown discoloration. The bones, especially the upper jaw, and with it the teeth, atrophy; the latter fall out, as well as the hair, which often appears of a light color or distinctly gray. The bone atrophy is the more marked the younger the patient at the onset of the disease (Virchow). If the disease is confined to one side only—hematophia facialis—the median line forms a sharply defined border and the diagnosis is very plain. If both sides are affected, as happened in Eulenburg's case after measles (Lehrb. der Nervenkrankh., 1878, ii, p. 525), it may be more difficult to recognize the affection. The grooves