

six, and probably eight, generations. According to the history the disease successively became more extensive and severe with each generation. The patient states that no females in the family were ever similarly affected, but two maternal aunts had optic atrophy, and a sister weakness of the ankles.

J. E. CLARK (New York).

TRUE SCIATICA AND DISEASES OF THE POSTERIOR URETHRA AND ADNEXA. By G. S. Peterken (California State Journal of Medicine, August, 1906).

The author differentiates (1) sciatica neuritis, or true sciatica, the symptoms of which are those common to all inflamed nerves; (2) symptomatic or false sciatica, the symptom of which is pain in or along the sciatic nerve with absence of local objective symptoms usually accompanying neuritis. In the opinion of the writer, false sciatica is frequently due to a chronic inflammatory state of the posterior urethra and adnexa, and the thorough examination of the male sexual organs is advocated in all cases.

J. E. CLARK (New York).

MIGRAINIC PSYCHOSES. Alfred Gordon (Journal A. M. A., Jan. 5, 1907).

The author reports twelve cases of migraine associated with mental symptoms, observed within the last four years, and all presenting similar types of derangement; namely, confusion, delirium, usually with hallucinations, and stupor. The hallucinations were usually visual, though gustatory and auditory hallucinations were also observed. The confusional stage predominated in all, and was frequently accompanied with illusions of identity, incoherence and disturbance of orientation. Some of the cases suggested psychic epilepsy or procursive epilepsy. In the majority of cases the mental symptoms occurred during the attacks, and in some they continued twenty-four hours after the subsidence of the migraine. In some cases, however, they occurred either before or after, and they lasted in some cases for twenty-four hours after the subsidence. He does not think that he can explain these conditions as epileptic or hysterical, though in some cases they suggested it. The special point is their association with an autotoxic condition, which is the basis of migraine.

LANDRY'S PARALYSIS. J. N. Hall and S. D. Hopkins (Journal A. M. A., Jan. 12, 1907).

The authors report on five cases of acute ascending paralysis, all fatal but one, and review and analyze other recent cases published, and discuss the condition generally. They conclude that not one bacterial species can be credited with this intoxication, though there can be little doubt that it is due to bacterial products. There is no apparent occupational factor, though the predominance of the disease in males might suggest such a possibility. Their analysis of carefully reported modern cases would seem to show that sphincter involvement is more frequent than is stated in the text-books. As regards diagnosis, confusion is likely to arise with acute ascending myelitis, multiple neuritis and anterior poliomyelitis. In the former the sensory involvement, trophic disturbances, wasting of muscles and loss of faradic irritability should aid the diagnosis. In multiple neuritis the sphincters are not involved. The paralysis is usually limited to peripheral muscles, and there is marked pain, tenderness and sensory disturbance. Anterior poliomyelitis is a limited paralysis of the extremities, usually the lower extremities, with marked wasting, lacking sensory disorders and with tendency to rapid improvement. The treatment of Landry's paralysis is chiefly supportive. In the author's patient, who recovered, benefit seemed to be derived from salicylates and iodid of potash, followed later by strychnin, massage and electricity. Mercurial inunction was also applied, though there was no specific history.