

This condition obtained for about three weeks in varying degree. The reflexes were not constant, sometimes normal, sometimes exaggerated, seldom equal on both sides.

There was nothing important in the family history, though the origin of the trouble was significant. Five years before she had acted as nurse to a child suffering from chorea, and, three months before coming under observation, another child in the patient's neighborhood had the same complaint. She had had a serious fright from a dog, and afterward suffered from nervousness. But the convulsive trouble came on four days before entering the infirmary, when a violent pain seized the right foot, and the "shakings" began. Large doses of bromide of potassium, in combination with tincture of asafoetida and subsequently valerianate of zinc in the form of a pill, produced no improvement. When internal treatment was changed to four minims of liquor arsenicalis, the effect was marvelous. In two days the patient was as quiet as any one when attention was not especially directed toward herself. Emotion would bring on transient convulsive movements. She soon regained her normal power. The varying reflexes, the erratic and inconsistent symptoms, suggested hysterical chorea, together with the history given, which supposition was verified by the sudden cessation of symptoms, that had lasted a month, through the agency of a fresh plan of treatment.

L. F. B.

---

#### WAKEFULNESS IN NEURASTHENIA.

A wide range of opinion on the management of this condition found expression at a recent meeting of the Epidemiological Association; and the *New York Medical Journal* thus sums up the evidence:

"The use of drugs, with the exception of sulphonal, perhaps, did not find much favor with the members. Some of them had found that their patients of this class slept when they were at the seaside, while others recommended the Colorado atmosphere. Some patients had been found

to be able to sleep at sea, but not on land. The weight of evidence seemed to favor the resort to mountain air for patients who were anæmic, with a presumption in favor of sea air for those who were plethoric. Dr. Solly, of Colorado Springs, has found that a large proportion of anæmic neurasthenics find sleep on the mountain heights, but this cannot be said of the entire class. It is not improbable that other conditions besides those of climate enter into the account where the patient travels from our Eastern cities to the Rocky Mountains in pursuit of sleep. The jaded matron leaves the worries of the household, and the business man, broken down by the rush of daily cares, finds many things changed besides the atmosphere among the far Western altitudes. Still, as a rule, the climate gets all the praise, when an improvement takes place. Business men from the East report a larger percentage of recoveries than the matrons, however, probably because fewer of their anxieties can follow them. Improvement in the assimilation of food, it should not be forgotten, goes a great way toward sleep-production in those who are affected with derangement of the nervous system; and this is one of the frequent accompaniments of any change of scene and environment. Not that there is always any marked increase of appetite or in the amount of food taken, but there is an appropriation of the food by the nervous centres, to their consequent strengthening. It is often a prominent feature in neurasthenia that the food may be taken in and digested fairly well, but stops short somewhere in its distribution to the tissues and is largely wasted. Ordinarily, when this waste ceases there is a corresponding abatement of wakefulness and other neurotic symptoms."—*Bost. Med. and Surg. Jour.*

---

#### THE DILATATION OF THE PUPIL IN LOCOMOTOR-ATAXIA.

Dr. Angel Money (*Lancet*) has observed a dilatation of the pupil in locomotor-ataxia in which they did not contract to light.

According to his observations, this dilatation only occurs when the light employed in the search for th Argyll-