

suggested to the subject that he dislike tobacco, and smoke no more than three cigarettes daily. In two more sittings, it was further suggested that the patient smoke not at all and absolutely detest tobacco. The treatment in this case was also entirely satisfactory, the patient losing all desire for tobacco.

MEIROWITZ.

A Case of Kahlbaum's So-called Katatonia.—L. W. Dodson, M.D., (*Med. Record*, July 6, 1895), reports the case of a man aged twenty-seven, who began to suffer from depression and delusions of persecution. After a time he grew worse, refused to talk, laughed insanely, destroyed furniture and would only eat when food was placed in his room at night. Five months later he was confined in bed with the following symptoms: limbs rigid, rhythmical movements of face muscles, causing continual grimacing; muscles of extremities in a state of tonic contraction with marked resistance to passive motion (symptom of negativism). When an attempt was made to move the arm or leg on one side, the corresponding limb on the opposite side moved in unison with it. When the limbs were released, they immediately sprang back to their original position. Cutaneous sensibility diminished. Tendon reflexes absent. At times would suddenly arch the back and support the body on the occiput and heels, remaining in the position of opisthotonos for fifteen minutes. Is usually silent, but at night frequently shrieks, and at times repeats the same profane words over and over. When not watched will gorge himself on food. All the symptoms are intensified when he is under observation. Under treatment his condition improved somewhat, but was followed by relapse. In this case the alleged causes were insolation and masturbation. The author states that etiologically and pathologically, it is impossible to draw a sharp line between the so-called katatonia and stuporous melancholia with cataleptoid symptoms. Clinically, however, the difference would be obvious to the most cautious observer, and all honor is due Kahlbaum and Kiernan for having clearly and concisely marked out the characteristic features of katatonia.

FREEMAN.

Anorexia Hysterica.—Kissel (*Die Therapie der Gegenwart*, March, 1895), reports the case of a girl, eleven years old, whose mother was hysterical and whose father an habitual drinker, died of phthisis at the time of his daughter's birth. The girl worried much for some years because she could not go to the institute where her sisters were. In a year her character had changed markedly. She became very peevish, retiring and excitable and showed a great dislike towards her mother. At this same time she became very religious and conceived the idea that she ate too much. Consequently she began to fast and rapidly to emaciate. On one occasion she attempted to choke her mother for advising her to take more nourishment. On admittance to hospital she was so thin that her bones stood out prominently, the muscles were atrophied, the skin then dry and brown, but its sensibility normal. The urine was very pale, like water, feebly acid, and contained no albumin or sugar. Her weight was 22,200 grm. For the first few days she refused all nourishment and only took a little milk. The temperature varied between 35 and 37.7°. Many unsuccessful attempts were made at hypnotic suggestion. Forceful feeding was then employed, and at certain times she took small morsels herself. During the first two weeks her weight diminished, but after this she gained rapidly, although she had contracted measles and influenza. She gained 13,250 grm., so that she weighed 35,450 grm. and was unrecognizable as her former self. The family history, the absence of organic disease, the psychical disturbances, the absence of pharynx reflexes and the rapid recovery all point according to K. to hysterical anorexia.

FREEMAN.