wound was sutured. On the evening of the same day the patient carried on a long conversation with very few mistakes in his selection of words. The following morning aphasia was again increased, but disappeared on cleaning the blocked drainage tube. The recovery was, after this, uninterrupted and complete.

J. W. WHITE, M.D.

J. Hoffmann on Tetany (*Deutsch. Arch.*, 1888, xliii. 53).—This paper is based on eleven cases of tetany, reported in full, and accompanied by numerous references to cases of other observers and their opinions concerning the disease. In all but one of the author's patients the affection began between the ages of sixteen and twenty-five years. He is disposed to believe that the nature of the occupation is not without influence on its etiology, and that shoemakers, seamstresses, clerks, &c., are, perhaps, especially liable to it. After reviewing at some length the literature relating to the bearing of the thyroid gland on tetany, he concludes that, in all probability, the removal of this organ is one of the etiological factors. He does not agree with Strümpell that they are endemic influences in its production. The spasm was rather widely spread in the cases which he reports, and was always bilateral. The attacks lasted from several minutes to some hours, and in one instance ten days. The premonitory fibrillar muscular trembling was absent in most cases; the tendon reflexes were usually normal, but in one case diminished, and in another nearly absent. The attacks of spasm were always preceded or accompanied by paresthesias. Trousseau's symptom (the production of an attack by compression of the main artery of a limb) was always present during the height of the disease, while the compression of a nerve had this effect in but one case. The disappearance of this symptom is in no sense a sign that the disease has terminated, but only that it is in abeyance. The galvanic and faradic electrical excitability of the nerves was much increased in all cases in which it was carefully examined; and even the facial and the hypoglossal nerves may share this excitability. An increase of the mechanical excitability of the motor nerves was absent in but one instance. A series of experiments convinced the author that the mechanical and electrical excitability of the sensory nerves is increased. The disease lasted in the author's cases from half a year to twenty-one years. Most commonly the attacks occur in groups, lasting some weeks, and with variable periods between them, in which there exist only certain symptoms of latency; or the intervals may continue for years, with absolutely no sign of the affection.

According to most authorities, the prognosis is favourable, though the disease may last for years. Death occurs only exceptionally, from exhaustion or spasm of the diaphragm. Certain of the author's cases exhibited evidences of paralysis, for which the tetany was apparently responsible. Frequent shedding of the finger-nails and a brown pigmentation of the skin of the hands and face was observed in one instance, and the author considers the probable cause of the latter to be nervous influence combined with repeated small extravasations of blood into the skin, induced by the muscular spasm. Hoffmann reports the results of autopsies which have been made, and quotes extensively the opinions of various writers concerning the pathological anatomy of tetany; all of which indicates that, though fine molecular nutritive changes of the nervous system are almost universally considered to be the cause of the disease, making it, therefore, a neurosis, the seat of the changes is still a much disputed point. He obtained the best therapeutical results from bromide of potash, morphia, and the galvanic current. In an appendix the author reports four additional cases of the affection, in two of which shedding of the nails took place, accompanied, in one instance, by falling out of the hair. He shows still further the positive influence of extirpation of the thyroid gland on the production of tetany, and calls attention

to the fact that attacks seldom occur in summer, cold seeming to be a strongly exciting factor.

Oppenheimer on Railway Spina (*Dublin Journal of Medical Science*, October 1888).—Certain symptoms are common to all, or at least to the majority of cases of nervous disease consequent on spinal concussion without external injury. These symptoms are chiefly psychic, and belong to the affection, mental depression and irritability occupying the foreground. The mental depression is accompanied by anxiety of mind, the patient's thoughts being always occupied, even in his dreams, with the accident, but is distinguished from pure melancholia both by the abnormal irritability always present, even in persons previously remarkable for their phlegmatic indifference to internal excitations, and by its hypochondriacal character. Severe intellectual disturbance is rare, but the author has seen a considerable degree of dementia with weakness of memory, also cases of hallucination, and even of traumatic insanity, requiring seclusion. Giddiness and cramps, varying between "petit mal" and true epilepsy, are not infrequent; but care must be exercised in diagnosing such from purely hysterical attacks.

In the domain of the special senses, a mixture of hyperæsthesia and anæsthesia, or rather their juxtaposition, is the most frequent characteristic—*e.g.* hyperæsthetic zones are found in the anæsthetic cutaneous areas; acuteness of vision is lowered, while the eye is extremely sensitive to light; the auditive faculty is lessened on the whole, while certain sounds react abnormally. Sensory anæsthesia is a very important subject, and observations have been made in Westphal's clinic with a view to distinguish genuine from simulated symptoms. The anæsthesia, *e.g.* of an extremity, does not usually follow the course of the nerve implicated, but is spread over neighbouring nerves, and is often overlooked. Typical girdle-feeling, and a corresponding anæsthetic zone, are rare. Pains are frequent, and usually of the dull kind, especially headaches. Reflex excitability is more often lessened than increased. The tendons always react. Motility is almost always affected; the patients move about slowly, and without energy; the spine is maintained as fixed as possible, sometimes reflex muscular symptoms hinder locomotion. The various ways of walking are remarkable, and may excite suspicion of simulation. There is no doubt that the usual signs here do not, as a rule, correspond with those dependent on "material diseases" of the central nervous system. When one foot drags, it is not carried as in hemiplegia. Tremor is frequent, but it resembles that of hysteria far more than that of sclerosis. Swaying on closure of the eyes is very frequent. As to the motor cerebral nerves, the speech suffers most, though there is no trace of aphasia. Speech is irregular and interrupted.

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