flex is torpid. On the contrary, it appears quick or exaggerated in dementia præcox (hebephrenia and catatonia) in progressive general paralysis, and in mania.

3. *Paramyoclonus Multiplex*.—A detailed histological description of the findings in a case dying at the age of sixty-nine, having suffered from myoclonia for twenty-five or thirty years.

WHITE.

Miscellany

PERIPHERAL OBLITERATING ARTERITIS AS A CAUSE OF TRIPLEGIA FOLLOWING HEMIPLEGIA AND PARAPLEGIA. Chas. W. Burr and C. D. Camp (The American Journal of the Medical Sciences, June, 1905).

This rare and interesting cause of paraplegia must be distinguished from that due to arteriosclerotic changes in the spinal cord. In these cases the spinal cord is normal, but an obliterating endarteritis and a degenerative neuritis is found in the lower extremities. It is part of a general arteriosclerosis. Histological examination of the brain and spinal cord of one of the cases reported showed no lesion sufficient to explain the paraplegia. There was, however, an intense arteriosclerosis of the posterior tibial arteries and almost complete degeneration of the posterior tibial nerves. For a long time before his death the patient had a complete paraplegia with contractures. The other case reported showed a similar condition, developing in a patient who had a hemiplegia from cerebral thrombosis, the result being a triplegia. These cases are to be distinguished from those due to combined brain and cord disease such as is seen in cerebrospinal syphilis.

C. D. CAMP (Philadelphia).

TRAUMATIC NEUROSIS. C. Lombroso (Clin. Moderna, Vol. xi., Nos. 10 and 11).

The author considers traumatic neurosis as a specific disease somewhere between hysteria and neurasthenia on the one hand and hypochondriasis and melancholia on the other. It can be caused by physical and psychic trauma, even by the latter alone, as when it follows severe emotional strain. It is not always easy to decide as to the reality of the various symptoms which the patient alleges as present, as imposture and exaggeration are frequent in this disorder, especially as regards paralyses and pareses and the vague painful sensations often complained of. Lombroso approves of Mannkoff's method of examination in which continued pressure is made upon the alleged painful area. If the pain is real the pulse will increase in frequency. He also considers the myasthenic reaction of Flora a reliable sign of traumatic neurosis. In this the muscles which are affected cannot respond to prolonged faradic stimulation by tetanus, and only after some length of time recover that capability. He has also noted that often the temperature of the injured side is lower than that of the other.

JELLIFFE.

HYSTERIA. C. C. Hersman, Pittsburg, Pa. (Journal A. M. A., Nov. 11).

The author reports three cases, one of hysterical hyperpyrexia and two of motor (major) hysteria, one following a fright and the other a traumatism. In each there was only one set of muscles involved, in one the arm or leg and in the other the diaphragm. The attacks seemed to be unattended by fatigue, though violent and often of hours' duration, and attended with excessive perspiration. The cases suggest to him the following questions: Is there an irritating or paralyzing product formed within the cortical neurones? Is there an irritating body or product in the plasma bathing of the nerve cell? Is there an increase in the formation of cytotoxins? Is there a decrease in the elimination of the metabolic waste product?

CAMP.