the knee originate from the tuber ischii, and if then the thigh is flexed towards the pelvis, with the knee extended, the said group of flexors (biceps, semi-tendinosus and semi-membranosus) suffer considerable stretching, which is the more intense the more the stretched limb is flexed on the pelvis. Under normal circumstances this stretching causes an extremely painful sensation of tension, which puts a limit to the movement whether it be an active or a passive one.

In cases of advanced tabes the author observed that on the contrary the patients were able to actively raise the extended limb to such an extent that it formed an acute angle with the pelvis; passive flexion in this manner and to above this extent was also possible.

The author thinks that this phenomenon can only be explained by a hypotonic condition of the muscles flexing the knee. In case of atrophy of said muscles from a passed poliomyelitis this motion can also be performed, but only passively, as the atrophic thigh muscles of the thigh allow only limited active flexion of the limb on the pelvis. Herein lies the distinguishing feature between the two conditions, since in the tabetic the excessive flexion of the extended limb towards the pelvis can be performed both actively and passively. The walking of tabetics with antero-flexed knees is a phenomenon homologous to the one described, and due to the same cause.

The thigh phenomenon described was never missed in the grave forms of ataxy, where the latter had induced bed-rest or where the patients were unable to walk without support (conclusions based upon twenty cases, in all of which it was present). In those forms in which the ataxy was marked, but not so strong as to prevent moving about without support, the described phenomenon was sometime missed and sometimes present.

ONUF.

THERAPUTICAL.

Treatment of Persistent Headaches. M. Gaillard, at the Academie de Médecine, spoke of the treatment of persistent headaches in patients not neurasthenic. He distinguishes these from those occurring in neurasthenic cases and from migraine by two characteristics: First their continuousness, second their resistance to most of the ordinary medicaments. It becomes necessary until some pathologic rule can be established which will give us a specific treatment for every kind of head pain to have recourse to empiricism. The author has succeeded in curing a certain number of such cases by the use of calomel, 10 centigrammes a day for six days, watching, of course, against stomatitis and diarrhoea. Should the first treatment in this manner not be successful, after some weeks it is repeated. M.

Gailliard finds with a proportion of cases that it is successful. Very possibly any other active chologogue would serve equally well.—*La Méd. Mod.*, Feb. 26, 96. MITCHELL.

Incessant Vomiting Treated by Faradization of the Pneumogastric Nerves.

Dr. C. Bonnefin (*La France Méd.*, Sept. 20, 1895) has been employing this treatment since 1859, and claims that it is the method, par excellence, for incessant nervous vomiting, there being no danger connected with it. The only inconvenience is that it requires patience on the physician's part, and a sure hand. Incessant vomiting during pregnancy may also be stopped by faradization, so that premature confinement may be superfluous in future to save the life of the mother by sacrificing the child. The results of galvanization in the same cases are also excellent, but its use may cause serious consequences if not employed with prudence. The patient is treated by applying the electrodes of a rapid interrupted induction current to the neck over the pneumogastric nerves, before or after meals, or one electrode over the epigastrium and the other on the neck, this must be continued for one-quarter to two hours, that is until the desire to vomit ceases. The strength of the current must be medium, and not painful to the patient. MACALESTER.

A New Method of Treatment for Paralysis of Amyotrophic and Peripheral Origin.

Dr. Sighicelli (*Gaz. degli Ospet.*, Sept. 3, 1895) passed electric currents through muscles, out of which the blood had been pressed by the use of the Esmarch's bandage, and found such ischæmic muscles to be better conductors of heat and electricity. Four patients were treated in this manner with very favorable results, and from his experiments he summarizes: That artificial ischæmia produces a more permeable medium for electric currents to pass through, and only a minimal part of electric power is lost. That after loosening the constriction an enormous efflux of blood to the extremity takes place, which is favorable to the nutrition of the affected muscles. That the muscles, that are thus made anæmic, not only become smaller in volume, but are more permeable for electricity. That a certain degree of anæsthesia in the extremity is produced by the artificial anæmia, which is very desirable in certain sensitive patients, especially children, when strong currents are to be used.

MACALESTER.

Treatment of Epilepsy.

(*Journ. de Méd de Paris*, April 26, 1896). Professor de Bechterew, of St. Petersburg, recommends the following combination most highly for epilepsy: