upon these catatonic movements which were of psychic origin. The second series of movements was related to his organic touch, but the third class did not seem to be capable of explanation, either by outsiders or the patient himself. It is the author's opinion that the spasmodic drawing of the muscles which caused the self-mutilations and twitchings was the effort of the nerves to get rid of the unbearable pressure on the brain which the patient described as a weight of 100 kilograms. The disassociation of the right arm, which always played the chief part in the mutilations, is also worthy of note in this connection. JELLIFFE.

TETANY AND MYOTONIA IN INFANCY. C. Hochsinger (Rev. Mens. des Maladies de l'Enfance, June, 1902).

The author holds that myotonia is a neurosis distinct from tetany, and the pseudo-tetanus of Escherich and belongs to the early period of infancy. Tetany in nursing children does not differ from the same manifestations in adults. Intermittent and tonic contractures, particularly in the muscles of feet and hands, with hyperexcitability of the motor nerves and the muscles are its main characteristics. The most important symptom of this hyperexcitability, which is the essential condition of tetany, is that of Chvostek, the sudden contraction obtained by striking branches of the facial nerve. In myotonia this reaction is not obtained. Trousseau's symptom is also present in tetany, consisting in the reproduction at will of the paroxysm, by pressing the affected part in the direction of its motor nerves or blood-vessels. Pressure on the nerves of the brachial plexus will in myotonia produce the contraction of the fingers, called the "phenomena of the fist," a sign seen only in infants six to eight weeks old. The fact that in early infancy the inhibitory centers presiding over the reflexes are not fully developed would account for this phenomenon without dependence on general hyperexcitability. True infantile tetany is developed solely on a rachitic foundation and is a neuro-muscular affection. As in rickets Kassowitz found that the largest number of cases developed in the early spring months, disappearing entirely at the end of summer. Myotonia, however, has no connection with rickets, developing in the course of gastro-intestinal intoxication it is not manifest at any particular season, except that the most serious intestinal disorders are likely to occur toward the end of summer. Myotonic contractions sometimes persist for weeks at a time, while those of tetany are paroxysmal and intermittent, in the former the attack comes on gradually, in the latter it is quite sudden. Myotonia exhibits no mechanical galvanic hyperexcitability of muscles or nerves and there is absence of facial symptom, neither is there evidence of the laryngo-spasms and the tonic and intermittent spasms of respiration usually occurring in tetany. Myotonia is manifest in the first weeks of infant life, while tetany usually appears at a later period. The contractions of tetany have a tendency to recur, while in myotonia the attack always disappears with the cause. The spasms of myotonia are not affected by the phosphorus treatment which has shown good results in the neuro-muscular affections of infancy. JELLIFFE.

LATENT BRAIN ABSCESS BECOMING EVIDENT WITH SYMPTOMS OF ATROPINE POISONING. E. Aufrecht (Arch. f. klin. Med., Vol. 72, Nos. 5 and 6).

Being summoned to attend a case of supposed bronchial asthma in a laborer, the author administered atropine. This was followed by severe headache, twitchings, dilation of the pupils and marked confusion. These phenomena gave doubt as to the real diagnosis, especially as the prescription would appear to have been stronger than was intended. Five years previous the patient had received an injury to the head, and