seated at the base, where it might give a paralysis of the third nerve, and even possibly a periodic one, thus closely resembling the relapsing attacks of ophthalmoplegia. In that case it would be easily distinguished by its other distinct signs of the brain-growth.—*La Méd. Mod.*, Feb., 1896.

MITCHELL.

Hysterical Spasm of the Muscles of the Trunk.

Janet (*La France Médicale*, Dec. 6, 1895,) calls attention to a symptom of hysteria that he thinks is not rare, but has not as yet been described, and which consists in a tonic spasm or contracture of part or nearly all of the trunk muscles, at times including the diaphragm. Curvature of the spine, due to hysterical contracture of the dorsal muscles, has been noted by Lannelongue, Duret, Vic, and others, but Janet alludes more particularly to an affection more acute in onset, and which may not only cause great pain and vicious attitudes, but may, according to the muscular groups involved, give rise to various respiratory or digestive disturbances, so that it may easily be mistaken for some visceral disease. Eight illustrative cases are given in detail.

Cases one and two were young men, and the affection followed an unimportant traumatism. The abdominal muscles were those principally affected, causing the patients to be "doubled-up," and making extension of the trunk impossible.

Case seven was similar. A woman, aged 32, had, following a fall, repeated attacks of hysterical narcolepsy, and a continuous lateral curvature from muscular contracture.

Cases three, four, five and eight were all pronounced hysterics. They all had recurrent attacks of more or less transient contracture, sometimes limited to a very restricted group of muscles, sometimes involving nearly the entire body. One attack is described that very closely simulated influenza or an acute pulmonary affection. There was headache, pain in the back, respiratory oppression, constant dry cough, respirations 45, the face was pale and drawn, lips dry, tongue pasty, and the patient was covered with perspiration. At the end of a week the patient's condition was scarcely changed, when careful inquiry and examination showed that the attack had followed a fit of anger, and that all the thoracic and abdominal muscles were strongly contracted and tender. The ribs were fixed, and the patient unable to yawn, sigh, or take a deep inspiration; the trunk was rigid, and the arms fixed to the sides, although the forearms and hands were freely movable. As soon as this contracture was dissipated the lumbago, dyspnoea, constipation, and other symptoms disappeared.

Case six was a girl of 19, who had become subject to hysterical attacks after an attempted violation of her person.

Her assailant had succeeded in touching the abdomen, and when examined the entire abdomen was found to be hard, contracted, and exquisitely hyperæsthetic. Respiration was purely superior costal, and the patient was unable to take a full breath. The co existing constipation, indigestion and difficult micturition were presumably due to the extreme abdominal contracture and hyperæsthesia, the slightest movement being very painful.

The author has found massage, carefully graduated, to be the best treatment, but it must be continued until no vestige of contracture remains, as such residue may be the point of departure of renewed attacks. Immediately after the cessation of the contracture there is some muscular soreness, and as long as this continues the patient must avoid quick movements which sometimes cause a return of the trouble.

PATRICK (Chicago).

Ueber eine seltene Form der alternierenden Scoliose bei Ischias.

H. Higier (*Neurologisches Centralblatt*, 1895, No. 22).—After a more or less complete summary of the observations of cases of Sciatica, in which scoliosis has been produced, and after drawing a sharp clinical picture of the author's own "Alternating Scoliosis," Higier gives the history of a case recently observed, presenting the typical features of the disease.

The patient, a tradesman of 40, fell in such a manner as to strongly flex the right thigh and leg upon the abdomen. This accident was immediately followed by acute pain in the sciatic region. Notwithstanding the pain he continued his work until he was forced to give up, and was confined to bed for three weeks. Upon arising he found that he was "crooked." The pain continued as formication or burning from the hip to the ankle joint, finally becoming so severe, with an increasing obliquity, that he was induced to consult the author.

At first sight a very marked deviation of the vertical axis of the body to the left was apparent. Although the crests of the ilium, as well as the shoulders were level, the line connecting the left spine of the ilium with the axilla was straight, while that in the right side was decidedly concave. The spinal deviation was most evident when the patient assumed the erect posture, a plumb line dropped from the head touching the outer edge of the sound heel. In sitting up, a matter of difficulty, accomplished only with the spasmodic assistance of both hands, the patient complained of a peculiar sensation of tension, localized principally from the outer surface of the thigh downwards to the ankle.

The right hip was markedly prominent, its position being retained in walking, and accompanied by a slight outward ro-