only manifested themselves when it was reduced. Sometimes the calmative effect following the use of ergotin lasted as long as a month. Toselli used the drug in thirty cases and found the most benefit from it in paralytic insanity, in chronic mania, and in dementia accompanied by agitation, insomnia, hallucination of the senses, especially when these symptoms accompany melancholia and hypochondria. He does not pretend to have cured any case of insanity with ergotin, though he thinks it may arrest the course of general paralysis.

W. W. IRELAND.

The Spinal Ganglia and Spinal Cord of the Petromyzon.

By S. FREUD. (*Sitzber. d. K. Acad. d. Wissensch. Wien. Bd. 78.*)—The spinal ganglia of Petromyzon and Amocoetes are, on account of their simplicity and the small number of their elements, well adapted for study in comparison with those of higher animals, and many questions of importance may thus receive a definite solution. A part of the posterior roots—about two-thirds—remains unconnected with ganglion cells. The ganglion cells are bipolar; an appearance of tripolar cells is caused by the splitting of one of the processes in some cases. Divisions of the fibres are not common. Spinal ganglia and posterior cornu form a connected whole in reference to the posterior roots. Such fibres as are clearly connected with cells in the spinal ganglia, in all probability do not enter cells in the posterior cornua, and *vice versa*.

The spinal pia mater—in gold preparations—exhibits a delicate network of varicose nerve-fibres, which do not seem to have any relation to the blood-vessels.

Proliferations of the Ependyma Ventriculorum. T. WEISS.

(*Wiener Med. Jahrbücher*, 1878.)—The Ependyma is composed first of a layer of epithelial cells which everywhere in all the ventricles, and also in adult life, are furnished with cilia. Underneath the epithelial layer there is a layer of closely interwoven connective tissue, with comparatively few, but still very distinct cells with numerous processes. The deep boundary of the ependyma is marked by vessels which run parallel with the ventricular surface. Proliferations of the ependyma and hydrocephalic effusions into the ventricles do not always go together. The excrescences are developed out of the primitive connective tissue corpuscles. First roundish cells without processes appear, which afterwards throw out processes, and thus become the knots of a

connective tissue net-work. These connective tissue corpuscles are always found in greatest abundance round the deep-lying vessels. [The author overlooks the very likely hypothesis that they may have migrated from the vessels.] The excrescences are not always covered with epithelium. On the contrary, epithelial cells are very often found in their interior. This may be accounted for in two ways; either that the proliferating connective tissue breaks through the epithelial covering, and then advances farther on the ventricular surface, or that two neighbouring nodules fuse with each other.

H. OBERSTEINER.

Hystero-Neuroses.—DR. ALLAN McLANE HAMILTON (*Saint Louis Medical and Surgical Journal*, January, 1879) believes that many cases of so-called organic neuroses are examples of unusual hysteria, and he considers that the development of real organic disease after a continued hysterical condition is quite possible. In one particular instance he was assured that a degeneration of the lateral column had followed hysterical paralysis and contracture of a lower extremity. In the diagnosis of hysterical from organic conditions he calls attention to the absence in the former of symptoms which always accompany the latter. One feature, the absence of which is marked in hysterical simulations, is cranial nerve paralysis, with its numerous superficial manifestations. Dr. Hamilton brings forward one case in which the hysterical condition, accompanied by epilepsy, passing into the status, headache, erythema and cerebral vomiting, closely simulated syphilitic brain disease. The symptoms suddenly disappeared, but some of them returned along with an hysterical attack at the patient's next period. In this case there was false perception of colour—a symptom which Dr. Hamilton considers suggestive of hysteria. The writer also comments on the repeated observation of hysterical symptoms in cases of organic brain disease.

R. LAWSON, M.D.