

sthénia and warrant its separate classification. Influenza figures almost constantly in the etiology, the heredity is nearly always tuberculous, the number of women is almost double that of men as against an almost equal division of the sexes in neurasthenia proper. The duration of the disease in more than half the cases was only a few months. The psychic symptoms played a relatively slight rôle. Objectively was the almost constant existence of consolidation of the right apex and the very frequent occurrence of a latent pleurisy. The course and prognosis were relatively favorable, the treatment preferably directed toward general improvement of strength and nutrition. Guaiacol carbonate and cresote were the best therapeutic measures.

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### MISCELLANY

APHASIA AND AGRAPHIA. E. Martin and C. K. Mills. (J. A. M. A., Oct. 26, 1912.)

Two cases of motor aphasia and agraphia, illustrating the types that are suitable for surgical or specific treatment, are reported by the authors. They also discuss the questions of localization of brain lesions both in these conditions and other varieties of aphasic disturbance. The article is lengthy and quite fully illustrated. They say that it is no longer sufficient to give the surgeon indefinite directions. He should find the lesion located by his neurologic confrère occupying the central portion of the area exposed. Aphasia and agraphia are not infrequently the focal symptoms dominating the clinical picture in which operation is under discussion, and the symptoms differ so much in character and degree and in their symptomatic associations that it is possible to designate at least four or five areas for election for osteoplastic operations, and four of these are considered in the paper. The symptoms which are most characteristic as indicating each of these are detailed as well as the methods of bounding the areas on the external surface of the cranium. It is important both to the neurologist and to the surgeon to consider whether or not the focal disease of the brain is syphilitic and amenable to constitutional rather than to surgical measures. In one of the cases reported the presence of positive Wassermann and Noguchi reactions, together with the other symptoms, decided the question against operation, while the other was diagnosed in the absence of such a positive result as non-specific, and in both cases the diagnosis was correct, as shown by the final result. Together with general remarks on craniometric measurements, the limits of the osteoplastic operation for lesions in Wernicke's zone and for lesions in the angulo-occipital region are also given in detail, as well as of those causing motor aphasia. For these details the reader is referred to the article itself. In certain aphasic and agraphic cases in which the lesion is deep seated, operation is clearly contra-indicated. The characteristic symptoms in such cases are, briefly stated, the completeness of the accompanying hemiplegia together with such phenomena as indicate evident involvement of the capsules, internal and external, the claustrum and the basal ganglia.

MUSCLE-GROUP ISOLATION. J. H. Pollock and E. B. Jewell. (J. A. M. A., Nov. 9, 1912.)

These authors discuss the value of the method of "muscle-group isolation" introduced by Schwab and Allison for putting out of action the muscles at fault in spastic and athetotic conditions. The isolation is accom-