moved the neurasthenic manifestations are of course benefited.

The fact that errors of refraction usually cause in healthy people merely fatigue and blurring of the eyes, but in certain patients bring on disturbing nervous symptoms, can only mean that in the latter instance other factors are involved as well as the eye-strain. These influences predisposing to neuroses of peripheral origin can often be ascertained from the patient's history, but not always. They were enumerated and described in detail under the heads of "heredity," "insufficient nutrition during the nursing period," "want of outdoor exercise and inactivity of muscles," "loss of sleep," "mental worry," in short, unhygienic surroundings. Anemia is a very frequent determining condition. Disturbances of the intestines sometimes seem to predispose to ocular neuroses, and occasionally such neuroses persist on a psychic basis after the intestinal disturbance has disappeared. The gist of the paper was to the effect that the concurrence of various factors was necessary in the production of neuroses of peripheral origin, as well as the existence of a peripheral anomaly, and that these, hence, should also receive due attention.

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- 78 INSUFFISANCE NASALE HYSTERIQUE (Hysterical Nasal Insufficiency). Marcel Lermoyez (La Presse médicale, Jan. 25, 1899, p. 37).

The patient, a young girl, had had in childhood complete obstruction of the nasal fossa, as a result of hypertrophy of the inferior turbinated bones. This was relieved, and although the nasal cavities were completely clear, she was utterly unable to respire through them, and if the mouth were held forcibly closed, rapidly manifested signs of asphyxia. There was no spasm of the palatal muscles which closed the anterior fossa of the nose; in fact, the air passages were completely free. Although the patient had never had any crises or other of the ordinary manifestations of hysteria, she was carefully examined for stigmata, with the result of finding complete anesthesia to all forms of sensation over the whole body, and extreme concentric refraction of the field of vision, with preservation of the normal pupillary reactions; complete loss of taste and smell, and loss of ability to perceive sound by bone conduction. There were no hysterogenic areas, and no emotional manifestations. The patient was, in fact, of a gay and active disposition. It was now found that the mere pretense of closing the mouth when the lips were held sufficiently separated to allow the passage of air produced a cyanosis as profound as that produced by complete closure of the mouth. The patient was observed during sleep, and it was found that the nasal breathing was perfectly normal, the mouth remaining closed. Lermoyez explains the case as probably the result of an auto-suggestion at the time of operation, that nasal breathing would be impossible, it being his belief that the effort to breath by the nose required a synergy of muscular effort that could only be carried out by sustained attention and will-power, and that of both of these the hysterical patient was incapable. SAILER.