

suasion." In most of the cases fright was the factor giving rise to the onset of the disturbances, which is in conformity with Oppenheim's view: but in one case the patient became deaf after sleeping between two deaf persons in the sick-ward so that this case could scarcely be said to have been the result of fright. Oppenheim thinks that deafness is a phenomenon which rapidly disappears, but in the author's experience the symptom lasted weeks or even months. To questions the patients reacted in various ways. Some did not answer at all; some pointed with lively gesticulations to the head, tongue, and ear, to show that they could not hear and speak. Oppenheim's method of making charts recording electric reactions to loud sounds showed curves differing in no essential way from those of normal persons but differing greatly from those who were organically deaf. These deaf and mute persons seized every opportunity to communicate in writing, confirming the view of Charcot, that writing in these cases is a compensatory reaction for the loss of speech. Many of the patients had manifested hysterical disturbances before the war, others showed neuropathic tendencies, and some were without any stigmata. In about 60 per cent. of the cases slight traces of some former organic disease in ear or throat were discernible, and these former diseases, in the author's opinion, determined the establishment of deafness and mutism in preference to any other of the various hysterical symptoms. In the majority of cases the institution regime was sufficient to bring about cure; in one case the recovery took place suddenly while the patient was in a waking state. In other cases an energetic psychotherapy in the form of faradization of the ear region was necessary. All cures were accompanied by the usual euphoria observed in hysterical cases that recover.

**Sanz, E. F.** HYSTERIA MAJOR. [Siglo Méd., 18, 1919, J. A. M. A.]

Fernández reports two extreme cases of hysteria in young women. One had been having for seven years congestion in various regions, including the eyelids and throat, fleeting edema, hemorrhages, especially from the stomach, attacks of retention of urine for several days, compelling the use of the catheter, and occasional periods of delirium, with long conversations with imaginary persons. In the other woman the hysteria caused convulsions, the clonic and tonic contractions keeping up for several hours several times a day, with a lethargic condition during the intervals. There was nothing in the patient or the family history to suggest any predisposing factors in this case, except zones of hyperalgesia in the scalp, lids and precordium. The symptoms had developed first after an attack of influenza during which venesection was done twice. The convulsions followed at once after the venesection, and have persisted very frequent and distressing to date.