

Galvanic applications should be made only externally, since they may cause electrolytic and caustic effects on the lining mucous membrane. Dr. Erdmann recommends the application of the anode to the occiput and the third lumbar vertebra (the reflex centre) and the cathode to the symphysis or perineum. Fifteen to twenty elements for from two to four minutes, and separate strong induction shocks.

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**HYSTERIA MAJOR.**—Dr. Wm. J. Morton in a communication to the *N. Y. Medical Record*, Oct. 2, describes a typical case of hystero-epilepsy in one of Charcot's wards, who was only kept from recurring attacks by continuous mechanical pressure over the left ovary, and ends his letter as follows :

“And what is the practical bearing of this study, conducted now for several years with so much care by Prof. Charcot? The practical value of this work lies in having taken up the hitherto confused story of hystero-epilepsy, and in having brought order out of chaos; in having marshalled into line under a simple law, whose immutability is at once recognizable, the diverse phenomena of the disease; in having shown, in short, that in accordance with this law, all the symptoms of hystero-epilepsy could be marshalled into groups, and that each group was related to another in an invariable order of succession and development. It is this analysis which established that what was at first glance so evidently epileptic was epileptic only in outer form, just as is the case in certain other diseases of the nervous system where convulsions are epileptoid without being epileptic.

“The term hystero-epilepsy, then, is a misnomer; there is no epilepsy present. The disease is really, as we have already intimated, hysteria major, while the hysteria of every-day practice must be called hysteria minor,—the one the fully developed disease, the other rudimentary. Knowing the completed pattern of a hysteria-major, it is easy to fit into their proper places the fragmentary and detached phases of a hysteria minor. Here, then, in this nomenclature, this division of hysteria into major and minor, lies a great advance. Not only has hystero-epilepsy become an intelligible disease, but in becoming hysteria major it has thrown a brilliant light upon ordinary hysteria, and rendered its manifold phases clearer to the practising physician.”

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**THE SYMMETRICAL NEURALGIAS OF DIABETES.**—At the session of the Paris Academy of Medicine, Sept. 10 (rep. in *Le Progrès*

*Médical*), M. J. Worms read a paper on the symmetrical neuralgias in diabetes. He thought that in a subject so obscure as that of diabetes, no new facts should be neglected. He therefore presented the points suggested by two cases of neuralgia in the sciatic and inferior dental nerves of both sides, which he had come across in diabetic subjects. These had not been previously described as symptoms of this disease.

He drew the following conclusions from these cases :

1. There is a special form of neuralgia connected with diabetes, characterized by appearing in the two symmetrical divisions of the same pair of nerves.
2. Up to the present time this has been observed in the sciatic and dental nerves.
3. Diabetic neuralgia appears to be much more painful than other neuralgias.
4. It does not yield to the ordinary treatment (quinine, morphine, bromides, etc). It is aggravated or lessened with the increase or decrease of the intensity of the glycemia.

He ranks these neuralgias with those dyscrasic forms observed in gouty, chlorotic, and saturnine subjects. He leaves as undecided and requiring new investigations, the question whether alterations of the nerves or neurilemma, due to the glycemia, exist.

THE OCCURRENCE OF HYSTERIA IN CHILDREN (*Jahrbch. f. Kindhlkde.*, xv, B., 1 H).—Dr. Hermann Schmidt (Bremen) opens this number of the Jahrbuch with such an interesting and thorough article on this subject that it deserves a rather longer abstract than usual.

The old authors who considered hysteria a disease essentially connected with the generative functions of the uterus, could not conceive of its existence in children or in men. Galen and Aretæus mentioned certain hysterical symptoms as occurring in men, but they still held to the opinion of Hippocrates that true hysteria came only from the uterus. Charles Lepois (1618) took his stand upon a new opinion. He says that neither the uterus, the stomach, nor any internal organ is to be blamed for hysteria; it is the head only which is its generator, and this, too, not sympathetically, but idiopathically. The important sentence for us is: "*Enim vero experientia fide multe puellulae vivunt hystericis tentate symptomatibus aut duodecimum, decimum quintum nedum*