

action in the nervous system. A proper harmony and succession of reflex acts with some definite order is necessary, that the nervous system may fulfill its duty. In the reflex neuroses where there is no defect in reflex action, but only inharmonious reflex activity, the origin of the disease is either in an excess of activity in the lower centres, or a defective control in the higher ones. In the reflex neuroses from supposed peripheral irritation, it is Dr. Starr's opinion that when this is the actual cause, nature attracts attention to the seat of irritation by pain or discomfort. And when the source of irritation is not evident, the probability is that the condition is a manifestation of a defect of control by higher centres, due to impairment of their nutrition and activity. The symptoms in spinal concussion appear to be caused by mental shock, for in railway accidents the passengers who are asleep seldom suffer from after effects. Hypnotic suggestion proves that many so-called spinal neuroses are due to defective cerebral control. In so-called uterine reflex neuroses, there is a general nervous exhaustion due to peripheral pain. The special reflex centres have no part, or very little, in the complex of symptoms. The same, he said, was true of eye-strain. The so-called reflex convulsions from genital irritation in boys, only occur in neurotic children and are preceded by mental irritability. Evidence of spinal irritation in such cases is rare. The same applies to genital irritation in adults. The trouble is *not* spinal or reflex, but cortical. In all these cases, instead of removing the supposed irritation, try to increase the the nutrition of the system to enable it to exert its powers of control and the peripheral effects will disappear. In neurasthenia with peripheral symptoms, in chorea, epilepsy, or hysteria with peripheral irritation, go back of the apparently important symptoms to those of real causal moment, and the therapeutic results will be more satisfactory. ("Medical News," March 22, 1890).

#### THE INSANITY OF DOUBT.

According to P. C. Knapp, A. M., M. D., this form of insanity may be defined as a mental disturbance, brought on by certain disturbances of the psychical processes, which have been termed insistent or fixed ideas, or imperative conceptions. In the first stage of the disease the patient is susceptible, exacting and timorous, yet has full possession of his reasoning powers. The thoughts become morbid, with a tendency to inquire into the reason for every trifle. In the second stage, he begins to reveal his distress to

friends and requires constant assurance. Finally, he loses confidence in his assurers and the doubts have a still greater dominion over him, although he realizes their unreasonableness. His paper contains some interesting histories of cases of this form of insanity. The disease may begin at any age, and the writer places among the predisposing causes acute diseases or any condition that may weaken the nerve-centres. He says the prognosis is usually considered bad, although numerous observers regard the trouble as a psychical degeneration. Many mild cases recover in three months (Spitzka). The important factor here, according to Dr. Knapp, is hereditary taint, and where this exists the outlook is unfavorable. Treatment should include beside tonics, rest, forced feeding, and especially mental and physical gymnastics. (Reprint from "*American Journal of Psychology*," 1890.

#### PROGRESSIVE FACIAL HEMIATROPHY, WITH SOME UNUSUAL SYMPTOMS.

The following interesting case is recorded by B. Sachs, M.D.: E. K., female, nineteen, single; was well until one year ago, when she noticed a peculiar appearance of skin below left nostril, the face growing thinner below left eye and above left angle of mouth. Examination showed distinct atrophy of middle and lower third of left side of face. Every few seconds clonic and then tonic contractions of temporal and masseter muscles occur. There is also atrophy of left half of tongue and left floor of mouth. On the upper left lip is a pigmental "scar." Pain sense is slightly diminished on the left side, and thermometrical measurements of external ear show a difference of one degree in favor of the right. The only autopsy obtained in a case of this disease (Mendel's) would tend to show that it may be due to a peripheral neuritis, and that the diseased parts, the descending root of the fifth nerve and the substantia ferruginea, have trophic functions, presumably connected with trophic fibres in the peripheral branches of the trigeminus. It often begins after some acute infection—erysipelas, or follows facial traumatism. ("*Medical Record*," March 15, 1890). A. F.

#### DISLOCATION OF CERVICAL VERTEBRÆ WITHOUT FATAL RESULTS.

G. L. Walton, M.D. ("*Boston Med. and Surg. Journal*," May 8, 1890). The writer calls attention to the fact that these cases are not rare, though probably sometimes overlooked through lack of familiarity with the diagnostic