

it is, but it is somewhat vague at the same time. It is what the Germans term "genial," with a slight intimation that the hard facts are wanting to prove the case. In justice to the author, we add that he appears to be conscious of the defects of these brilliant generalizations.

B. S.

Increased Tendon Reflexes in Disease of the Peripheral Nerves. By Drs. STRUEMPELL AND MOEBIUS. (*Münchener Med. Wochenschrift*, No. 34, 1886.)

The authors relate two interesting cases of multiple neuritis, in which the deep reflexes of the upper and lower extremities were decidedly exaggerated. With the recovery, the reflexes returned to the normal state. They attribute the exaggeration of these deep reflexes not to the removal of inhibition, but to irritation of the ascending (sensory) portion of the reflex arcs. The painful points along the course of the affected nerves argue in favor of this view. These observations are of considerable importance, and add one more to the list of symptoms common to spinal cord and to peripheral lesions.

B. S.

Hysterical Amaurosis. *Quoted from BULETIN DE HYDROTHERAPIA, OF BARCELONA, in Lond. Med. Record*, June 15th, 1886.

A lady, aged 32, married, without children, of nervous temperament and weak constitution, had suffered from hysteria at an early age. While working with a sewing machine, having noticed that it stopped, stooped over to see the cause and was pricked by the needle in the left superciliary region. She was very frightened, and thought that she had put her eye out. An attack of hysterical epilepsy such as she had before supervened. On recovering, she found that she was totally blind. No lesions of the eye could be discovered; but though she was treated by several medical men, no improvement resulted. She was transferred to Barcelona for further advice, where, after four months hydro-therapeutic treatment, she completely recovered.

Spasm of the Glottis and the Diaphragm. (GAZ. DEGLI OSPITALI, October 20th, 1886.)

Last March, at the medical clinic of the University of Genoa, a man, married, aged 32, presented himself with the curious phenomena of a peculiar dyspnoea (respirations 90-100 per minute). There was no cyanosis or anything showing a lesion of the respiratory apparatus. There was an inspiratory shrinking of the epigastrium and the throat, and the laryngoscope demonstrated an inspiratory spasm of the larynx. This fact was not considered sufficient to account for the dyspnoea. Inspection showed a clonic spasm of the diaphragm which limited the inspiratory act. The diaphragmatic spasm gave rise to hiccup in the period of relative quiet, that is to say when the currents of air were sufficient to pro-