

fect, there is no headache, and the movements of the face are normal. The right upper extremity semi-paretic, considerable rigidity at the joints, marked inability to extend the fingers and hand, considerable ataxia. Fingers kept straight, phalangeal joints extended, metacarpophalangeal flexed. Grasp, d. 60 R. II. L. Frequent slight clonic spasms of first finger and thumb (no tonic spasm), which are increased by emotion. She can extend the fingers but not the thumb; can flex well the thumb and fingers; can extend wrist to line with forearm, but not beyond; can pronate and supinate forearm; can flex and extend elbow; can elevate humerus to right angle, but not beyond; no power to shrug the shoulders. In the right lower extremities she has not the least power in the toes and very little in the foot. The right knee she can extend powerfully, but flexion is weak; extension and flexion of the hip good, but weaker than the left; knee-jerk excessive. No anæsthesia, no loss of muscular sense.

A remarkable feature of the case is that, though so large an area of cortex was removed, the patient recovered sensation completely, and with the exception of the toes, the ankle and the shoulder, she has recovered almost as completely as regards motion, but with diminished strength as compared with the other side. The authors believe that this can be explained, according to the theory of Hughlings Jackson, as follows: That all movements of the upper limb, for instance, are represented in all parts of the upper limb area of the cortex, but in different degrees, and that it is not possible to completely paralyze the upper limb unless the whole of this area is removed. In their case some of the upper limb area remained.

J. C.

Pseudo-Hypertrophic Paralysis in Late Life.—Desterac. (*Congress de Medecine Intern. Bullet. Med.*, November, 1894.) The author describes a case of pseudo-hypertrophic paralysis in a patient sixty-seven years old. He remarks the absence of heredity, the existence of a cervical kyphosis, the absence of reaction of degeneration, the very late date of onset. He admits that it must be considered a primitive myopathy.

J. C.

An Hysterical Form of Raynaud's Disease.—Levi (*Archives de Neurologie*, Jan., 1895).

The author described a patient, 43 years old, who several years before had a severe attack of polyarticular rheumatism, and later, under the influence of chagrin and the emotions, developed neurasthenia, associated with suicidal ideas, which terminated in hysterical crises, and which in May, 1892, under the influence of a most severe moral shock, was the starting point of Raynaud's disease. The asphyxia of the extremities manifested itself with the characteristic intermittency and in the usual place. At the end of a certain time there was installed a true state of the disease with ten or twelve crises a day, each one of a duration of from one to two hours, and this was associated with aliguria and anuria. Hypnosis revealed the nature of the affection, and modified considerably the vaso-motor neurosis and the urinary trouble. Under its influence the anuria was replaced by polyuria. The crises in the extremities were diminished in frequency and duration.

J. C.

The Causation of Hemiatrophia Facialis Progressiva.—Baerwald. (*Deutsche Zeitschr. f. Nervenheilk.*, vol. v., part 6.) A young, healthy man developed a progressive hemiatrophy of the face directly after a swelling and inflammation of the submaxillary gland which had been associated with angina. The author thinks it possible that the angina caused an infectious inflammation of the terminal branches of the fifth nerve, and that this would tally with the findings in Mendel's case, which were those of progressive peripheral neuritis of the trigeminus and secondary atrophy of the descending root of the trigeminus.

J. C.

The "Anxiety Neurosis."—Freud. Ueber die Berechtigung,