

following remark, which, it seems to us, should be borne in mind by whomever attempts to use hypnotism :

*"Hypnotism should be used solely in those cases in which the gravity and the pertinacity of the malady indicate it, and only then after the use of every means of cure known to our art."*

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#### HYSTERICAL CHOREA.

In the *British Medical Journal*, of July 6, 1889, P. Blaikie Smith reports a case of this kind in a woman, aged twenty-two, with the following symptoms when first seen : Eyes closed, face averted, shoulders and arms in constant movement. Each shoulder was alternately either violently raised or brought forward, and then suddenly lowered or retracted, while the arms were constantly rotated inward or energetically flexed. The arm and shoulder movements seemed to bear no relation to each other, though both sets of movements were liable to sudden and unaccountable exacerbations. There were no spasms of muscles about the neck, no contortions of the face, and speech was unaffected. The tongue was protruded quietly, and remained out for inspection until the patient was told to withdraw it. The grasp of both hands, notably the right, was much impaired. Superficial reflexes of the legs and trunk were greatly diminished ; the knee-jerks were much exaggerated, and capable of being produced by tapping the rectus tendon on the front of either thigh. Rectus clonus was present on both sides, ankle clonus absent, the legs free from spasm, heart-sounds normal, and heart-action regular.

It soon became evident that the spasmodic movements were performed with a certain regularity, that they ceased during sleep, were intensified by emotion, yet could in a measure be controlled. The patient could feed herself, could knit, could write, but not legibly, on account of her violent contortions, but could not sew. The body swayed when walking, and progress was erratic. The mind was clear, and the woman generally cheerful, though there were occasional fits of crying.

This condition obtained for about three weeks in varying degree. The reflexes were not constant, sometimes normal, sometimes exaggerated, seldom equal on both sides.

There was nothing important in the family history, though the origin of the trouble was significant. Five years before she had acted as nurse to a child suffering from chorea, and, three months before coming under observation, another child in the patient's neighborhood had the same complaint. She had had a serious fright from a dog, and afterward suffered from nervousness. But the convulsive trouble came on four days before entering the infirmary, when a violent pain seized the right foot, and the "shakings" began. Large doses of bromide of potassium, in combination with tincture of asafœtida and subsequently valerianate of zinc in the form of a pill, produced no improvement. When internal treatment was changed to four minims of liquor arsenicalis, the effect was marvelous. In two days the patient was as quiet as any one when attention was not especially directed toward herself. Emotion would bring on transient convulsive movements. She soon regained her normal power. The varying reflexes, the erratic and inconsistent symptoms, suggested hysterical chorea, together with the history given, which supposition was verified by the sudden cessation of symptoms, that had lasted a month, through the agency of a fresh plan of treatment.

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#### WAKEFULNESS IN NEURASTHENIA.

A wide range of opinion on the management of this condition found expression at a recent meeting of the Epidemiological Association; and the *New York Medical Journal* thus sums up the evidence:

"The use of drugs, with the exception of sulphonal, perhaps, did not find much favor with the members. Some of them had found that their patients of this class slept when they were at the seaside, while others recommended the Colorado atmosphere. Some patients had been found