

an unknown dog, which he killed. The period of incubation was three months, and the duration of the disease four days. The man was not delirious at any time. Hypodermic injections of morphine and atropine seemed to decrease the severity of the spasms, but apparently did not delay the fatal termination. PATRICK (Chicago).

SCRIVENER'S PALSEY NOT SOLELY PEN FATIGUE. C. H. Hughes, M.D. (*Alienist and Neurologist*, XVII., Oct., 1896.)

This is a brief article setting forth the author's views upon "occupation" palsies. He denies that the occupation is the sole cause of the disease, and attributes it to a neuropathic organism that, by reason of excessive strain or overwork, becomes tired. The occupation is the determining factor, but to a very limited extent the predisposing cause of these neuroses. JELLIFFE.

NEURASTHENIC HÆMATEMESIS.

Dr. Ausset (*Medical Week*, Sept. 4th, 1896), reported at the French Congress of International Medicine repeated hæmatemesis in a patient with decided neurasthenic symptoms, not hysterical. The first attack was the result of overwork, the second followed a violent fit of anger. The possibility of tuberculosis, ulcer or cancer was carefully eliminated. MITCHELL.

ABSENCE OF CREMASTER REFLEX IN NEURASTHENIA.

M. Critzman stated his conclusions from an examination of nine cases of hereditary neurasthenia, to the Société de Biologie (*Gazette Hebdomadaire de Médecine*, July 30th, 1896). The cremaster reflex is almost never absent in normal individuals; it is absent in hereditary neurasthenics on both sides; it is also absent in persons having suffered with severe varicocele, and in those who have double orchitis. In acquired neurasthenia the reflex, so far as C——'s observation has extended, has been found normal. Finally there does not seem to be any connection in neurasthenia between loss of cremaster reflex and impotency. MITCHELL.

DES DEVIATIONS DU RACHIS EN NEUROPATHOLOGIE. (The deviations of the spinal column in neuropathology.) (*Revue d'Orthopédie*, 1896.) By Charles Mirallié.

The writer attempts to determine the frequency of deviations of the spinal column in nervous diseases. He depends on cases observed by himself and on those reported by others. A slight scoliosis may occasionally be found when hemiplegia has lasted a long time, and it seems to be the result of an attempt to remove the weight of the body from the paralyzed limb. It may also be observed in the infantile cerebral form of hemiplegia. The difference in the length of the limbs also aids in the production of scoliosis. Deviation of the spinal column has been found associated with idiocy, and in cerebellar hereditary ataxia.

Deviations of the vertebral column are common in anterior poliomyelitis of childhood, and usually develop late in the process. They are partly the result of unequal growth of the limbs, partly of atrophy and contracture of muscles, and of atrophy of the vertebrae. They occur also in the chronic form of anterior poliomyelitis, though rarely, and in Little's disease, and they may be an early sign of Friedrich's disease. Unless due to spontaneous fracture or atrophy of the vertebral column, they are not a sign of tabes. They occur rarely in multiple sclerosis, and are very common in syringomyelia, and are noted in Morvan's disease. Dejerine considers deviation of the spinal column a sign of great value in the disease described by him and Sot-