

occur frequently in middle life. Syphilis is not a special cause of Raynaud's disease. Valvular defects, congenital narrowing of the aorta and arteries are not infrequent causes. There is a similarity between hemoglobinuria and Raynaud's disease in that exposure to cold produces attacks. Heredity is found in 8 per cent. of the cases. A history of exposure to cold, rheumatism, malaria, or tuberculosis is at times found. Less frequently other disturbances of the nervous system, such as hysteria, organic nervous disease, or insanity. A case of Dehio proves that Raynaud's disease can occur as an independent and typical disease in persons otherwise healthy. A healthy woman developed it after a severe fright. The vessels showed a fibrous endarteritis and endophlebitis. Senile gangrene is typically unilateral. Glycosuria cases are easily excluded. Erythromelalgia seldom leads to gangrene, is painful and unilateral. Of two cases reported by the writer, the first showed extremely calcareous arteries; the second showed anterior and posterior tibial arteries completely occluded by a growth of connective tissue, continuous with the tunica intima, though different in character. No real thickening of the tunica intima. Smaller vessels, however, showed obliterating endarteritis. But disease of the arteries had not caused the gangrene, which had begun with a simultaneous and acutely sudden onset. Raynaud's disease never causes death. Why it should cease is a mystery. It may be due to a transient toxic, or reflex agent, having itself only an intense but transitory stimulation of the vasomotor center.

WM. B. NOYES.

A CLINIC ON NERVOUS DISEASES. Daniel R. Brower, Rush Medical College (Medical Standard, Dec. 1902).

1. *Epilepsy*.—A matter of considerable interest is the epileptic habit in old epileptics. If the patient has an aura the habit may be treated with reasonable chance of success by the inhalation of amyl nitrite. For if this is inhaled when the aura appears the fit cannot come on. If the aura is in an extremity, a counterirritant may be sufficient. All epileptics are intensely emotional, so any line of treatment must be accompanied by the positive assurance that it will do good. The author uses bromides in small doses, avoiding bromism, and believing that it is better for the patient to have some seizures and a clear head between, than to be in a state of mental incapacity from bromides all the time. Sodium bromide is less disturbing to the digestion and less likely to cause anemia than the other bromides, but in any case an iron preparation, such as Basham's mixture, should be administered. In almost all epileptics there is a feeble, easily compressed pulse with cardiac insufficiency which may be treated best of all by adonis vernalis. The bromide dosage may be quite small if accompanied by the fluid extracts of horse nettle and of solanum carolinense, zfs-ij (cc. 2-8.). A laxative pill and an intestinal antiseptic, as salol, may also be considered routine treatment.

2. *Tabs Dorsalis*.—In the pre-ataxic stage avoid strychnine and prescribe rest, moderate doses of opiates, and tonics, preferably phosphorus, iron and arsenic. A mild but efficient alternative that does not disturb the stomach is resin guaiac, gr. iij (gm. 0.2.), and chloride of gold and sodium gr. xx (gm. 1.3), a half hour before meals; another preparation of great value and recommended by Niemeyer is Blaud's pill, one three times a day, with a laxative to overcome the constipating effect of iron.

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OBSSESSIONS: FIXED IDEAS, ETC. Theodore Diller. (The Medical News, Nov. 22, 1902).

Obsession includes a group of mental symptoms more or less allied, occurring in various psychical states, which have been called by various writers fixed ideas, impulsions, abulias, imperative conceptions and pho-

bias. They are held to be expressions of neurasthenia, though not exclusively so, many being more closely associated with melancholia, hysteria, epilepsy, or physiological degeneration, while some seem to occur in individuals otherwise normal. Obsessions may be of five classes: (1) Of doubt; (2) of fear; (3) of impulse; (4) of miscellaneous ideas; (5) abulias. Chemical histories of 17 cases were given:

Case I, fear of disorder or dirt, was cured by bluntly disregarding them. Case II, suicidal obsession, which finally caused patient to be sent to an asylum. Case III, hypochondriacal obsession, an imagined condition of "fermented stools." Case IV, the fear of definite or general personal danger, in a subject with stigmata of degeneration. Case V, fear of public speaking. Case VI, stuttering when tired or bored with any subject. Case VII, obsession of impending danger, with constant mental depression. Case VIII, believed he constantly smelt of feces. Case IX, believed lice were on her head. Several other cases had obsessions associated with masturbation. The treatment should be directed towards maintaining the physical tone, and impressing the individual mentality. The drug treatment should be as simple as possible.

W. B. NOYES.

HEREDITARY SYPHILITIC TABES DORSALIS. Babinski. (Soc. Med. des Hopitaux, Oct. 24, 1902.)

This observer, in discussing the question of hereditary syphilitic tabes dorsalis, said that there are in literature 20 well-authenticated reports of this condition. He thinks that the disease exists more commonly than is generally supposed, probably because it is usually present in a more or less masked form. For this reason he begged to present the histories of two such cases. The father of each of them was himself a tabetic. The first case was a young woman, twenty-two years of age, presenting the teeth of Hutchinson, who up to his eighteenth year had enjoyed good health, excepting that at her birth she presented ulcers around the anus, and that during her seventh year she was seized with convulsive tic. In her seventh year she presented interstitial keratitis, with all the characteristics of hereditary syphilis. During the past two years she has been a victim of crises of pain, and her pupils are not active to light. Further, it is to be noted that the father of this poor patient contracted syphilis while her mother was pregnant with her, and thus herself, became contaminated. The father at present presents the characteristic signs of tabes dorsalis, namely, abolition of the reflexes at the knee and ankle, irritability of the bladder and lightning pains and the Argyll-Robertson pupil. The other patient was a fifteen-year-old girl whose pupils were insusceptible to light, whose reflexes at the knee and ankle were abolished, whose bladder was showing symptoms, who had a choroiditis on the left side of syphilitic character, and, finally, whose cephalorachidian fluid disclosed lymphocytosis. The woman also presented mental disorders pointing toward an early dementia, perhaps due to a meningo-encephalitis of uncertain distribution. Her father was the victim of tabes dorsalis, precisely like the father of the foregoing case. The recognition of facts like these are of really practical value, because it is already admitted that treatment with mercury, energetic and persevering, may exercise upon these hereditary syphilis a curative effect no less active than in acquired tabes, that is to say, that it may delay in a fixed measure the progress of the disease.

JELLIFFE.

RELATION OF CONSCIOUSNESS TO THE NERVOUS SYSTEM. Alex. E. Gibson. (Medical Record, Nov. 22, 1902).

The nervous system is two-fold—cerebrospinal and sympathetic; the former related to the instinctive or psychic processes, the latter to the vegetative or vital, while both are mainly below the sphere of self-consciousness. The sympathetic nervous system carries on its functions with-