

"A laryngoscopic examination shows that the vocal cords do not attain the normal excursion during respiration, and that the chink of the glottis is much smaller than usual during inspiration."

In Ross' case, the laryngeal symptoms were preceded by gastric disturbances, and were followed by almost all the other symptoms typical of locomotor ataxia. A post-mortem examination was held.

The crura cerebri, pons, medulla oblongata, and spinal cord were examined by the author. All but the cord were studied histologically; the sclerosis had extended upward into the white substance of the slender and cuneate nuclei and the direct cerebellar tracts, which are the direct continuation upwards of the columns of Goll, the posterior root zones and the direct cerebell. tracts of the cord respectively. In addition to other changes, which the reader will find carefully recorded in the original, there was a decided alteration in the character of the descending root of the fifth nerve. The author thinks it probable that disease of this bundle gives rise to the diplopia disorder of movements of the eyeball which are common symptoms of the early stages of tabes.

Dr. Ross' second case is of interest both clinically and pathologically. The patient was a collier, æt. thirty-five; history of syphilis many years ago; well marked double ptosis; eyeballs almost completely immovable; pupils dilated; reactions good; vision impaired; pallor of both discs; loss of knee-jerks; gait uncertain, but not like that of locomotor ataxia.

Post-mortem it was found that the columns of Goll were sclerosed throughout their whole extent in the cord but no decided changes in the upward continuations of the columns. The disease had extended to the external bands up the posterior columns. That the process is unlike that of true locomotor ataxia is shown by the fact that those parts of Burdach's columns which are generally spared were the very ones affected in this case, viz.: the posterior third and the anterior portion adjoining the commissure. Ross thinks that if the patient had lived longer, the disease would have involved the external bands of the posterior columns to a much greater extent and that the later symptoms would have resembled altogether those of ordinary tabes dorsalis. B. S.

Hysteria in Soldiers. Quoted in the *Lancet*, April 10, 1886.

Dr. A. T. Ozeretskovski describes in the *Russian Medical Review*, a whole series of cases of hysteria occurring in soldiers presenting nearly all the phenomena usually associated with this affection, as it occurs in females—dumbness, deafness, deaf-mutism, various disturbances of the vision and of general condition, spasms and paralysis, troubles connected with micturition, joint trouble and elevation of the temperature.

The subsequent history of the cases in most instances left no doubt of the correctness of this diagnosis.

Hereditary predisposition, and in some cases shock were etio-

logical factors. Half of the patients were recruits which tends to show that the sudden change from domestic life and work to the arduous conditions of military service is not without its effect on the nervous condition of the Russian soldier.

The treatment of the hystero-epileptic cases was always unsuccessful, neither water, electricity, nor narcotics appearing to exert any influence over the frequency or severity of the attacks. The cure of the paralytic forms of the disease was successfully accomplished by means of exercise, gymnastics, etc.

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MENTAL PATHOLOGY.

Report of a Case of Insanity Following Gunshot Injury to the Head ; Cerebral Cyst ; Aspiration ; Recovery.

By C. F. McDONALD, M.D., Auburn, N. Y. *Amer. Jour. Med. Science*, April, 1886.

Dr. McDonald here gives an excellent report of a most interesting case. Darwin Dingman, æt. twenty-seven, a criminal, was committed to prison for having attempted to shoot his wife. The attempt being unsuccessful, he shot himself in the head with suicidal intent. The ball was removed very soon thereafter. He was sent to the State Reformatory Feb., 1883. In June, 1885, he was committed to the State Asylum for Insane Criminals. The mental disturbance had existed several weeks previously. On admission to the asylum the patient was in a state of violent maniacal excitement; he refused food, and objected to any examination of the head. An examination of the head revealed a nearly circular depression of the skull about half an inch in diameter and about a fourth of an inch deep at the centre. The skull lesion was located, as nearly as could be determined by external measurement, over the right first frontal gyrus at a point corresponding to the junction of its anterior and middle third. The least pressure upon the depression was extremely painful. The mental disturbance was not unnaturally referred to the skull lesion, and an operation was decided upon.

Finding the skull pervious (the opening in the skull was not closed by bony union), the hypodermic syringe was inserted in three several directions—no result; on the fourth insertion, however, the direction of the needle being downward, forward, and outward, clear serous fluid was discovered, and nearly two drachms of this serum were removed. As soon as the effect of the ether had passed off the patient began to converse rationally, and three hours later gave all the circumstances of the shooting, as detailed above. Several months later he is reported as being in excellent health.

Dr. McDonald draws several conclusions from this case: 1—That lesions of the præfrontal lobes are not accompanied by motor or sensory disturbances. 2—That when not in a state of inflammation, the brain substance may be punctured with a fine, clean