

muscles receive fibers from two or more spinal nerves; (6) the condition generally occurs in persons who have at some time been subjects of a disease affecting the cardio-vascular system. The morbid process is probably vascular in character, and may be sudden or gradual in its onset.

5. *Sclerotic Atrophy of Cerebrum and Cerebellum of Familial Type*.—J. Mitchell Clarke describes a case of a boy of seven and one-half years, who clinically may be grouped as intermediate between a case of cerebral diplegia of post-natal origin, and a hereditary cerebellar ataxia with the occurrence of a peculiar form of blindness due to a special incidence of the disease upon the occipital lobes. The case seems unique, but is too detailed to admit of full abstracting.

6. *Pathology of So-Called Acute Myelitis*.—H. Douglas Singer gives a brief historical résumé of the pathology, describes the morbid anatomy in two cases of acute course, and presents some remarks on the etiological and clinical features of the disease. He maintains that:

(1) So-called acute myelitis is found on microscopical examination, in the majority of recorded cases, to be not inflammatory, but due to thrombosis of spinal vessels. (2) That by far the most common cause of this thrombosis is syphilitic arteritis; and that senile arterial degeneration forms a considerable proportion of the remaining cases; (3) this view as to the pathology is confirmed clinically by the analogy between this disease and cerebral thrombosis. In conclusion he urges that the recognition of thrombosis of spinal vessels as the most common cause of the symptom-complex described as acute myelitis is not merely of academic interest, but may be of practical value. It is possible that prompt treatment, in many cases presenting premonitory symptoms and giving a history of recent syphilis, may ward off an attack of this nature. For this reason alone, to say nothing of the confusion which has arisen from the indiscriminate use of the term "myelitis," he advises that the nomenclature used by Dr. Bastian should be adopted, and that these cases be classed as "thrombotic softening of the spinal cord," or, more simply, "spinal thrombosis"—a name which at once suggests the analogy with cerebral thrombosis.

7. *Acromegaly*.—F. Richardson Cross describes a patient who has been under observation five years and gives complete charts of the visual fields that showed that in 1895 no definite serious impairment of sight was present. Acromegaly was not then pronounced. In 1897, with complete establishment of the disease, there was blindness in the temporal field of the right eye and almost complete loss of sight in the left eye. The degrees of the blind portions in the visual fields of both eyes have progressively lessened with the improvement in the general health. JELLIFFE.

ARCHIVES DE NEUROLOGIE.

(Vol. 14, 1902, No. 81, September.)

1. General Paresis from Data Compiled at the Psychiatric Clinic of the University of Moscow: by S. SOUKHANOFF and P. GANNOUCH-KINE.
2. Corneal Depression and Serious Encephalopathic States. B. PAILHAS.
3. A Case of Hysterical Breast. VIALON and ALOMBERT.
4. Hysteria of Saint Theresa.

1. *General Paresis*.—This article is a statistical study of 682 cases of general paresis which have been treated in the Moscow Clinic between the years 1887 and January 1, 1901. The total attendance during this period was 3,916. Of the paretics 590 were men and 92 were women. This shows that a fifth of all the cases were paretics; the relation of the male paretics to the total number of male cases was 1 to 4; while the female paretics were only 6.5 in 100. Their tables show that the number of paretics has increased in the last few years, not only absolutely, but what is of more significance, relatively as well. The number of female paretics in-

creased in the past four years from 5.54 to 8.09 per cent. They consider that mental disease is twice as frequent in men as in women, and that this ratio has not been materially altered in more recent years; bearing this relation in mind their data show that the relative number of female paretics has increased very much more in the past four years than the number of male paretics.

The largest number of cases of paresis occur between the ages of 31 and 40; most of the male paretics occurring during the second half of the period and most of the female in the first half. Regarding the influence of occupation they conclude that farming and country life do not predispose to general paresis. They found that in 75 per cent. of the cases there was present a psychopathic or neuropathic hereditary factor, and in almost one-half of all the cases there was a history of alcoholism on the part of father or mother. These figures correspond to those given to show the influence of heredity in all mental disease, and hence simply designate general paresis as being in this respect in harmony with psychoses in general. Syphilis was positively present in 61.54 per cent. of the males and 20.9 per cent. of the females; very probable in 9.23 per cent. of males and 25.37 per cent. of females; possible in 9.61 per cent. of males and 14.92 per cent. of females; denied in 19.61 per cent. of males and 38.81 per cent. of females. The time elapsing between the syphilitic infection and the development of general paresis in 90 per cent. of the men varies from six to twenty years. The longest period was thirty-three years, the shortest, three years. Alcoholism in one degree or another played a rôle in 80 per cent. of the male cases and 40 per cent. of the female.

Among 497 paretics they observed forms of dementia in nearly 50 per cent; the form of mania in 34 per cent; melancholia in 6 per cent. and other forms such as paranoia, circular, etc., much more rarely. The patellar reflex was found to be exaggerated in one-half of the cases, and absent in one-fifth of the number (of males) and one-sixth (of females).

The pupils were unequal in 73 per cent. of males and 66 per cent. of females; they were equal in 26 per cent. of male paretics and in 36.7 per cent. of female paretics. The pupils did not react in 82 per cent. of the male cases and in 77 per cent. of females. There was reaction in 17 per cent. of males and in 22.5 per cent. of females. Apoplecticform attacks occurred much more frequently than epileptiform.

2. *Corneal Depressions*.—Pailhas calls attention to the depressions in the cornea described by Brière de Boismont as occurring in the eyes of insane during an attack of acute delirium and notes that they are present in patients suffering from serious encephalic conditions. They are not caused by any appreciable anatomical lesions. The corneal depression is unstable, changes its location, appears and disappears. Although in one case it developed within an hour after a violent cranial injury, as a rule it appears only at time of marked psychical depression, of acute delirium or of encephalitis. Pailhas thinks that lesions of the cerebral nerve centers exercise in some unknown way an indisputable morbid influence on the cornea, and that the prognosis in cases of encephalitis, acute mania or cranial traumatism in which corneal depression develops, is unfavorable either as regards life or as regards dementia following depressed psychopathic states.

3. *Hysterical Breasts*.—Viallon and Alombert report the case of a young girl, eighteen years old, presenting some of the stigmata of hysteria, who at time of menstruation has very marked engorgement of the breasts. At the same time she is in a very nervous and excited state. The swelling persists for a few days during which it is alternately increased and diminished in size, but is at its maximum during the menstruation or for a few days preceding it. The breasts are painful and tender when swollen. No induration. Nipples retracted. No fever. The mental state on one occa-

sion was almost maniacal. This condition of the breast has been ascribed by some writers to the influence of irregular and painful menstruation. The menstruation of the patient was of such unhealthy character. The enlargement differs from the normal physiological swelling of the breasts at time of menstruation simply in its much greater size and its being accompanied with pronounced and well developed hysterical manifestations.

4. *Hysteria of Saint Theresa*.—Continuation of article begun in preceding number. STRAUSS (New York).

ARCHIVES D'ELECTRICITE MEDICALE.

(1902, No. 15, July.)

1. The Electrolytic Treatment of Xanthelasma. P. PAUSIER.
2. A Study of Galvano-Faradisation. CLUZET.
3. How Should the Electric Treatment be Applied in Basedow's Disease, and What Results can be Expected? M. MALLY.
4. The Electric Treatment of Infantile Paralysis; A Clinical Study. E. ALBERT-WEIL.
5. The Laws that Determine the Opacity of Different Antiseptic Powders to X-rays. DARCOURT.

1. *Treatment of Xanthelasma*.—A description of two cases of xanthelasma which were successfully treated by the author, who employed for the active negative electrode several needles introduced into the diseased areas of skin. After five or six applications of a current of from 6 to 10 M. A. the patches completely disappeared.

2. *Galvano-Faradisation*.—A lengthy, detailed paper in which galvano-faradisation is studied in its physical, physiological, and therapeutical aspects. The author concludes that galvano-faradisation, thanks to the combination of the motor, electrotonic, and catalytic actions of the composite currents, presents real advantages over galvanism or faradism used individually.

3. *Electrical Treatment of Basedow's Disease*.—After discussing the various clinical forms of exophthalmic goiter and the various symptoms calling for the application of special currents, the author summarizes as follows: "(1) Electricity in all its forms can be of use in the treatment of Basedow's disease. (2) We have endeavored to show that a rational electric treatment is conceivable which is adaptable to every form of Basedow's disease. It consists, in fact, of constantly taking into consideration the general and symptomatic state of the patient; a univocal treatment of Basedow's disease would be nonsensical therapeutics. (3) Static electricity can be used to advantage on patients with sluggish nutrition. In the opposite condition this agent is not tolerated, and its employment may cause harm. (4) Faradism may be used to combat individually all the morbid symptoms of Basedow's disease: dilatation of the carotids, thyroid hypertrophy, exophthalmos, muscular paresis, and tachycardia. Its judicious employment always produces a diminution, at least momentary, of the distressing symptoms; intolerance is never noticed. (5) Galvanism is more restricted in its application; this form of electricity, whose efficacy is not doubtful, can be used in certain cases, alone or in combination with faradism.

4. *Treatment of Infantile Paralysis*.—In this article the author describes his method of treatment of anterior poliomyelitis and gives the results obtained in twenty cases, some very recent and others of long standing. The method recommended is to employ in the immediate post-febrile period a mild descending stable current, using a broad electrode on the back and suitable sized vessels filled with water as electrodes for the paralyzed extremities. At the end of the third week a rhythmically interrupted galvanic current is to be used and as soon as the regenerating muscles respond to faradism, that form of current is to be used.