

to be the seat of psycho-motor centres do not possess any such function. If they cause paralysis, it is by means of some irritation transmitted to them through other nerve-centres.

SUSPENSION AND POSTURAL METHODS IN NERVOUS DISEASE.

Dr. Allan McLane Hamilton, in the "Medical Record," August 30, 1890, treats of this. Irregular cases of ataxia are those most benefited by suspension, and functional and irregular conditions, as traumatic hysteria, more or less diffused neuritis of doubtful or unknown origin. An analysis of five carefully observed cases of ataxia treated by suspension is given, and an account of Hessig's method of spinal extension, together with a description of the author's new apparatus.

RESTRICTION OF THE FIELD OF VISION IN SYRINGOMELIA.

In "Médecine Moderne," August 28, 1890, Dr. Dejerine and Dr. Tuilant have an exhaustive paper upon this subject. Up to the present time, except in optic nerve, retinal, and brain trouble, restriction of the field of vision has only been found in hysteria proper, in traumatic hysteria, and traumatic neuroses. In epilepsy, narrowing of the field is not permanent, existing only immediately after the attack. That changes in the visual field are always present in syringomelia, the authors are not prepared to state. It did exist in the nine patients examined. These exhibited no symptoms whatever of hysteria, and had at no time sustained an injury.

SENILE HYSTERIA.

Dr. Maurice de Fleury, in "Médecine Moderne," September 4, 1890, states that in this condition it is the easiest thing to make a mistake in diagnosis. Every symptom of narrowing of the œsophagus may be present, and this suggests a cancer. An attack like angina pectoris turns the attention to atheroma of the aorta and coronary arteries. Dyspnœa gives the idea of beginning pneumonia, congestion, or pleurisy. And the lymphadenitis, painful constipation, hepatalgia, uterine colic, burning about the meatus may also mislead. Senile hysteria differs from that of adult life in that it presents the minimum of motor and sensory phenomena that are under central control, and the maximum of painful and spasmodic symptoms under the influence of the sympathetic.