

cated by a beginning catatonia. The psychosis, the author thinks, might have been initiated (*ausgelöst*) by the pneumonia.

3. *Effect of Alcohol on the Motor Functions.*—This article was suggested and is in a way supplementary to the article in the first number of the *Beiträge* by Alber. In taking curves of the movements of the leg due to eliciting the patellar tendon reflex the author found that there was often a tendency for the leg to oscillate pendulum fashion before coming to rest. This tendency was increased by anything which distracted the mind (reading) and was also increased by alcohol. It does not occur to any extent in normal persons and the author concludes therefore that it is due to lack of inhibition. The article is illustrated by reproductions of the various kymographic tracings studied.

WM. A. WHITE (Binghamton, N. Y.).

#### MISCELLANY.

NEURALGIA OF THE BLADDER. G. Frank Lydston. (Jour. Amer. Med. Assn., Aug. 23, 1902).

Crystalgia has been classified as follows: (1) Crystalgia with lesions of the urinary apparatus, *i.e.*, urethra, bladder and kidneys. (2) Crystalgia with lesions of neighboring organs, such as the testicle, prostate, rectum and anus. (3) Crystalgia incidental to ataxia or general paralysis. (4) Crystalgia associated with diathetic conditions, as rheumatism, gout or malaria. (5) Essential crystalgia. Neurotological study is properly directed to the crystalgia associated with diseases of the cerebro-spinal axis. Vertical pains are common in the pre-ataxic period of locomotor ataxia. Crystalgia occurs in the hysterical or chloranemic patients. Neuralgia of the bladder is of variable intensity and radiates in different directions through the hypogastrium, groins, testes, thighs perineum, rectum or back. If definite lesion, such as calculus or other disease is absent, essential crystalgia is to be diagnosed corresponding to neuralgia of other organs.

W. B. NOYES (New York).

AMNESIA. S. D. Hopkins (N. Y. Med. Jour., Aug. 30, 1902).

Amnesia is frequently seen in the various insanities, organic diseases and concussion of the brain, in epilepsy, in somnambulism, in the hypnotic state and following fright. Amnesia may be partial or complete. In the former case memory is only lost to certain objects or groups of objects, without involving other portions of memory; in the latter the memory may be completely lost for both present and past events, as is seen in organic diseases of the brain and spinal cord. A normal mind must not only be able to call up past recollections and to register impressions to which the present attention is called, but also be capable of correlating the present with the past. Inability to do this will produce a form of amnesia known as double consciousness. A case was reported by the author of amnesia from July 4 to September 21, 1900. The patient's last recollection was in a clubhouse near New York. He awoke in Denver, in workman's clothes bought in Philadelphia and Chicago. His hands bore marks of hard labor.

W. B. NOYES (New York).

THE EDUCATION AND DEVELOPMENT OF NEUROTIC CHILDREN. Graeme M. Hammond (The New York Medical Journal, Aug. 30, 1902).

The occurrence of infantile convulsions, chorea, night terrors and kindred disorders during infancy will determine a neuropathic disposition, apart from disease of the parents.

Toward the fifth or sixth year or upwards, the neurasthenic and hysterical temperaments begin to manifest themselves. Exceptional mental ability without corresponding physical strength is sometimes