

occur later. The ophthalmoscope may show no change. Under the idea that the symptom is due to hysteria, the patient is encouraged to expect recovery, and this will very likely happen in due course (like the recovery of power in a limb). It will, however, be liable to be followed some time afterwards by a similar affection in the other eye, or a return of the difficulty in the same one. Queerly enough, the author cannot remember having seen a case thus characterized which proved to be one of purely functional disease.

He says that in at least fifty per cent. of cases of multiple sclerosis he has found some atrophy of one or both optic disks; and, further, that the patient whose fundus exhibits no change may have considerably more impairment of visual power than one in whom there is found a distinct though partial atrophy of the disk.

He is positive in the assertion that well-pronounced and persistent ankle-clonus is a symptom of some structural change in the pyramidal tract, and that absence of knee-jerk with ankle-clonus must be taken as clear evidence of organic disease. It is not likely that the experience of all neurologists would agree with that of the author in the absence of a single well-marked example of intention tremor in a case of purely functional character. Others would probably agree with him in saying that scanning speech is not a very uncommon feature of insular sclerosis. Anesthesia of the lower extremities, if very complete, is indicative of hysteria, and contracture of the arm is of similar significance. In by far the great majority of cases of hysterical paraplegia, even those in which anesthesia is either absent or very slight, the plantar reflex is absent. As this reflex is nearly always present in cases of multiple sclerosis, the symptom is of considerable value. PATRICK.

193. MALADIE DU SOMMEIL ET MYXEDEME. (Sleeping Sickness and Myxedema.) C. Mongour. (*La Presse Médicale*, 1898, No. 78, p. 472.)

This exceedingly interesting case occurred in a butcher 50 years of age, a man in robust health, weighing 110 kilograms. He would be called at four in the morning, arise and attend to his business until about ten o'clock. During this period, while occupied he was apparently normal, but if he permitted himself to sit down or even stood without occupation, he would fall profoundly asleep. As soon as he had finished his breakfast he retired to his room for a long nap and repeated this after dinner. It was exceedingly difficult to arouse him at any time, and when aroused he was stupid and heavy for some time. Physical examination showed absolutely no lesion to account for this condition. The face was perhaps very slightly swollen and had a round, moon-like appearance. Partly because of the insufficiency of other treatment, partly to reduce the excessive obesity, thyroid extract was employed. The weight did not diminish, but the tendency to sleep disappeared completely. It reappeared, however, after interruption of the treatment, and disappeared anew when this was again begun. SAILER.

THERAPY.

194. AUTOTHÉRAPIE PSYCHIQUE. (Psychical Auto-therapeutics). P. E. Lévy. (*La Presse médicale*, 8 Octobre, 1898. No. 83, p. 210).

The author suggests that there are certain periods in our existence when we are more susceptible to suggestion than in others, and it may have a large effect upon the formation of the character if we take advantage of this fact. The most favorable period, according to him, is when the subject is just about to fall asleep or is partially awakened, but still dozing. On these occasions auto-suggestion may be made with considerable effect. It is important that the suggestions should be expressed not as desires but as simple affirmations. SAILER.