loid hyoscine, from *Hyoscyamus niger*, we have recently been taught that its proper name should be scopolamine, the name being derived from the *Scopola carniolica*, native of Austria, from which this alkaloid is also obtainable. The question is not of very serious import, for, as Martindale and Westcott state, it is "from a therapeutic point of view an alteration of name" only. Accepting the newer nomenclature, we learn that Dr. S. Tomasini has recently employed the hydrobromate and sulphate of scopolamine with equally good results as sedatives in maniacal cases and periodical insanity. He injects the salts hypodermically in doses of $\frac{1}{250}$—$\frac{1}{64}$ grain. The injections were not painful, nor did they give rise to any local reaction. Marked dilatation of the pupils occurred after the injections, but no nausea or other toxic effect is mentioned; the sleep which was obtained is stated to have been quiet and physiological in character. A drawback is to be noted in the readiness with which habituation obtains, the dosage calling for rapid increase.—(*Amer. Journ. of Med. Sci.*, September, 1897, from the *Riforma medica.*)

The Wet Pack in the Insomnia of Neurasthenics.—Dr. G. Richard recommends a modification of the ordinary wet pack in the shape of flannel roller bandages, which are dipped in water before bandaging. The application of a double spica to neck and shoulders and thighs, with the plain spiral to the thorax and abdomen, is, however, a complicated proceeding when compared with such measures as the drip sheet or the plain pack; and though doubtless good results are obtainable by this method, are these in any way better than those obtained by a simpler procedure? According to Dr. Weir Mitchell the "drip sheet" of hydropathic establishments (which is something quite different from the wet sheet pack) is a remedy past praise in many forms of insomnia, and there is no doubt that we do not in general utilise to their full the virtues of water applications in the treatment of this most obstinate affection, the sleeplessness of the neurasthenic. Dr. Richard records his experience in the *Revue Thérapeutique*, No. 6, 1897. (See *Amer. Journ. of Med. Science*, September, 1897.)

FRENCH RETROSPECT.

By Dr. Macevoy.

Note on a Case of Epileptic Jaundice.—Féré believes, judging from the dearth of references to it in medical literature, and reviewing his own extensive experience, that the occurrence of jaundice after epileptic attacks is rare, and therefore records a case which he has observed in "Le Progrès Médical" (1897, No. 24).

Mdme. B—, aged 49 years, of a "nervous" family, had eclampsia during her first confinement at the age of twenty-one years, and began to suffer from epileptic fits at the age of forty-seven years.

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Her first attack occurred a fortnight after a shock due to being caught in a storm, which also caused arrest of menses. She did not pass urine during her attack; but on awakening, the urine first passed was observed to be dark brown; a little later, jaundice of conjunctivæ and skin was noticed. The signs of obstructive jaundice persisted for eight days, accompanied with itching and a slow pulse (28 per minute on second day). For the next three months she had fits every fortnight, always during the night, each one followed by more or less jaundice. The urine first passed after each fit presented a constant appearance.

After a time the patient was treated with bromides, and the interval between the fits was decidedly lengthened (*e. g.* six months); but there was no diminution in their intensity, and each fit was followed by jaundice.

Between the attacks examination revealed no sign of disease of the liver, and her digestion was good. After one of the fits, when she passed water unusually early, at an interval of one and a half hours, the presence of bile was easily detected.

Féré believes the explanation of the production of the jaundice is most likely that suggested by Potain in the case of "emotional jaundice" (from fright, anger, &c.). A dilatation of the abdominal vessels takes place; and pressure diminishing in these vessels, while the internal pressure of the hepatic vessels is unaltered, the passage of the biliary elements by osmosis or otherwise from the biliary ducts to the blood-vessels becomes easy.

Féré leaves out of consideration the slight yellowish tinge which is noticed before and after fits in the eyes of epileptics subject to gastric troubles, when talking of jaundice after epilepsy; these cases are quite different from the above.

Suggestion in Warfare.—M. Félix Regnault (*Revue Scientifique*, 1896, No. 25), in an interesting article extracted from his work "Hypnotisme, Religion," reviews the experience of several campaigns, principally those in which the French have been engaged during the present century, with the object of showing the marvellous influence of suggestion on the troops engaged in warfare.

"A lost battle is a battle which is believed to be lost;" and analysing the various elements of a fight, one sees that a defeat is moral and not material,—that is, not dependent on the number of the slain, but on the moral condition of the survivors; and the author instances battles won by Napoleon through obstinacy in not leaving the field after severe initial losses, and persuading his troops that victory was at hand. The power which Napoleon possessed in such a high degree—the supreme quality of a general—that of imparting confidence of victory to his soldiers, is, of course, in the nature of suggestion. Arcole, Eylau, Arcis-sur-Aube, &c., illustrate the results of this powerful influence.

Cavalry charges have no value beyond the moral impression which they produce; but their effect on occasion in suggesting fear

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with the enemy has led, as Regnault shows, to almost incredible victories. This same suggestion provoked by panic has again and again brought about defeat, even of the best troops (Mans, 1870, Saint-Privat, &c.).

Numerous instances of shameful capitulations mentioned by Regnault illustrate in a remarkable manner the moral effect of certain defeats, *i. e.* they result from suggestions of fear, of cowardice.

The advantages of attack over defence, as suggesting superior moral confidence, are therefore undoubted in warfare; and in this connection we are reminded of the short, sharp work of troops in late wars contrasted with the prolonged duration of wars before this century. To-day, ceaseless attack without respite in order to demoralise the enemy, to rob him of his courage, leads to success. Want of confidence of the French generals in 1870, with its suggestive effect on the soldiers, led to an attitude of defence, and therefore defeat, says Regnault.

From his study Regnault draws conclusions which are applicable to the present time. Forts, cannons, guns, &c., all the engines of war are being perfected; but is sufficient attention being paid to the moral factor? And yet, as he remarks, this is everything when we are dealing with millions of men suddenly dragged from their hearths and full of fear. In these more enlightened days one suggestion may turn out to be of great importance; the nation who goes to war persuaded that her rights have been assailed, that to surrender would mean dishonour, would start with a great advantage. To successfully suggest to an intelligent people that they are fighting for their rights, for a good cause, will be a powerful factor in ensuring victory, and should be the aim of any statesman who premeditates war.

Apoplectiform and Epileptiform Attacks in General Paralytics.—In reviewing various theories which have in succession been suggested to explain the occurrence of apoplectiform and epileptiform attacks in general paralysis, Professor Pierret, of Lyons (*Le Progrès Médical*, 1896, No. 40), thinks that one which deserves a certain amount of attention is the inflammatory, especially for those cases which are accompanied with a rise of temperature. Unfortunately, he says, microscopic examination does not support this contention, inasmuch as we do not find lesions in cases which die immediately after a series of epileptiform attacks differing from those found in ordinary cases of general paralysis (without such attacks). On the other hand, the temperature may be subnormal in some cases—perhaps a more valid argument than the preceding against the view that the attacks are inflammatory. No solid support is forthcoming in favour of the view that œdema is the cause; it is so frequently found in the brain of general paralytics in all stages, and is probably compensatory. He is much more inclined to attribute them to errors of nutrition with stasis of

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toxic products, which affect those cells which are still able to react.

When the kidneys are diseased, and there is retention of urine, the possibility of their uræmic origin must not be lost sight of; but as it is not uncommon to look far and wide for things close at hand, he believes that constipation, indigestion, the use of meat in a state of incipient decomposition, may cause certain attacks—probably by absorption of toxic products, as has been shown to be likely in the genesis of some cases of puerperal mania (*e.g.* by A. Campbell Clarke, *Journal of Mental Science*, 1886–7).

The epileptiform attacks of general paralysis are not always as sudden in their onset as is generally believed. There are often premonitory signs. When, for example, says Dr. Pierret, they are related to digestive troubles, they are preceded and perhaps foretold by a gradual elevation of temperature.

An Extraordinary Child.—M. Carl Stumpf, of Berlin (*Revue Scientifique*, No. 11, 1897) gives an account of his study of an interesting child of 4 years, son of a butcher of Brunswick, who two years ago attracted a good deal of attention in Berlin. Of fair general development, the shape of the head, which is elongated and prominent in the occipital region, at once strikes the observer. On account of his restlessness, and the difficulty of attempting methodical experiments with him, Professor Stumpf was content with observing the spontaneous manifestations of his marvellous faculties. An extraordinary memory of events relating to history and biography, &c., was noticed; he knows the dates of birth and death of the numerous German emperors since Charlemagne, of a number of generals, poets, philosophers, often including the day and place of their birth. He answered all kinds of questions concerning the Thirty years' and Seven years' wars—battles of these wars, &c. Not only is his memory distinguished by rapidity and duration of impressions, but a certain similarity is sufficient for their reproduction, so that he easily reads all kinds of handwritings, and is enabled to complete words written in abbreviation. He exhibits well the part which is played in *rapid reading* by the mental perception of the subject-matter long before the text has been read out; that is, the ideas arising from words alone impress the mind, obliterating the form, and hence mistakes in spelling and such like are quite overlooked in the rapid reading. With this child it seems probable that visual images play an important part in the development of his wonderful memory; but one must not forget also the part played by muscular sensations arising from the emission of words. Music and arithmetic interest him not. He cannot distinguish differences of pitch in various notes, and has no notion of addition or subtraction. He cannot write, and is apparently not anxious to learn to do so.

Professor Stumpf looks upon his memory as not purely mechanical, but depending on a decided co-operation of the intellect. In

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common with Placzek and other savants who have studied his case, he believes that the child is highly intelligent and morally healthy.

The Action of the Thyroid Gland on Growth and Obesity.—Dr. Bourneville (*Le Progrès Médical*, February 1st, 1896) gives the notes of six cases of idiocy (three of which were cretins) treated with thyroid extract, especially in relation to the effect on growth and obesity. The emaciation and increase in height observed in the three cretins led to its trial on three dwarfs, with the same results, except in the case of one patient, aged 28 years, where no alteration in height occurred and his weight increased. Reference is made by Dr. Bourneville to similar observations made recently by Dr. E. Hertoghe, of Antwerp. Comparing the increase in height of his cases while under treatment (Dr. Hertoghe deals especially with cretins) with the increase which takes place normally in ordinary idiots, the difference is most marked.

With regard to emaciation, it is noticeable that after a certain time patients cease to lose weight even while under treatment, and weight is regained when the treatment is suspended; hence the necessity of resuming it after a temporary rest.

Finally, in six cases of retarded growth (not cretins) observed by Dr. Hertoghe, and said to be due to chronic albuminuria (two cases), to rickets (two), to early menstruation (one), and to congenital debility (one), the same increase in height is noticed while the patients were taking thyroid gland.

The Function of the Lenticular Nucleus.—Drs. Tonnel and Raviart publish a very interesting case of softening, limited to the internal segment of the right lenticular nucleus, which seems to throw a good deal of light on the function of the lenticular nucleus (*L'Écho Médical du Nord*, 1897, No. 12).

F—, aged 45, was under observation from 1890 to 1897, and successively developed marked motor and mental symptoms culminating in the following:—sensory troubles on the right side, labio-glosso-laryngeal palsy, flaccid paralysis, more and more marked in the lower limbs, progressive paresis of upper limbs passing on to absolute paralysis on the right side, and progressive mental impairment ending in "mental confusion" or stupor. The autopsy revealed an area of softening localised to the internal segment of the right lenticular nucleus, without involvement of the internal capsule.

The authors, reviewing the literature of cases bearing on this, compare notes, and suggest that the important function of the lenticular nucleus is as a superior reflex centre, the action of which is more marked according as the will intervenes less—intermediary, therefore, between the reflex function of the medulla and the volition of the intellectual zones of Flechsig.

Their general conclusions are that the lenticular nucleus is before all—(1) a channel of passage for certain cortical motor

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fibres; (2) the site of origin of descending cylindraxils, condensed in one fasciculus in the internal segment, spread in a fan through the middle segment and the external segment, where are situated their cells of origin; (3) the point of destination of sensory fibres. Physiologically its function is especially that of a centre of co-ordinate movements, the execution of which is determined by peripheral stimuli, or as a result of a voluntary stimulus originating in a projection-sphere (cortical); on the other hand, from a psychical point of view some importance must be attached to the lenticular nucleus.

Hypnotic Suggestion.—In *Revue de Psychiatrie* (1897, Nos. 6 and 7) Professor Joffroy, à propos of the treatment of a case of infantile hysteria, makes some very interesting remarks concerning hypnotic suggestion. In view of the fact that this treatment has been especially advocated by French physicians, it is particularly important to hear the opinion of so good an authority as Professor Joffroy. Suggestion, as we know, may take place during hypnotic sleep and in the waking state; shall we try the former? Such is not his advice, as therapeutic hypnotism is susceptible of serious drawbacks, of which several are emphasised. We may not succeed in hypnotising patients; or after perseverance we may succeed, but only aggravate the hysterical symptoms. "Beware of patients who are difficult to hypnotise; better a thousand times leave them alone." On the other hand, your patient may be easily hypnotised; but this does not mean that suggestions, especially therapeutic suggestions, will be carried out. Again, there are some patients whom you easily send to sleep; you thereupon make suggestions, but hours and hours pass before you succeed in waking them from their lethargy. Others (and the case of a morphinomaniac in point is mentioned by Joffroy) after one or more attempts at hypnotism develop a mania for being hypnotised; every one hypnotises them; it suffices to look at them fixedly for a moment, and they "drop off;" life becomes unbearable.

Professor Joffroy's advice is, therefore, to try hypnotism only in those cases which are serious, and in which there is, so to speak, nothing to lose. Here hypnotic suggestion may give marvellous results, as in a case of his own, a patient suffering with hysterical arthralgia with severe pains, inability to do anything, and in whom arthrotomy had been proposed. Suggestion during the waking state and during hypnotic sleep brought about a complete cure in one "séance."

Suggestions during the waking state, which of course are daily made by all practitioners consciously or unconsciously, are on quite a different footing, and are often most beneficial.

While hypnotic suggestion may be exceptionally advisable in hysterical cases, Joffroy looks upon as an absolute contra-indication the fact that a patient is suffering from non-hysterical manifesta-

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tions; for it is not efficacious, he says, especially in epilepsy and in the various forms of insanity.

In conclusion, "the indications for hypnotism may be resumed in one word: very serious and very tenacious form of hysteria, where the condition of affairs is so deplorable that we have nothing to lose, but on the other hand we may stand to win everything."

"Such is my way of thinking on this important question; it is in accordance with the teaching of Charcot and of most of his pupils; and especially with that of Professor Pitres."

Therapeutics of Suggestion and Auto-suggestion.—After the opinion expressed by Professor Joffroy it is of interest to read what Dr. Dumontpallier, member of the Académie de Médecine of Paris, says on the subject of suggestion. In *Revue de l'Hypnotisme* (1896, No. 4) Dr. Dumontpallier relates the case of a lady aged 37 years, who suffered for some months after childbirth of paresis of the lower limbs, with gastric troubles and obstinate constipation, and applied to him for relief because he had cured a friend of hers of paraplegia which had lasted several years. On examination no stigmata of hysteria were found, but decided evidence of neurasthenia. Incidentally the patient remarked that she often felt a tendency to sleep when she fixed a brilliant object.

The patient was told that she would be able to go down the stairs of her house the next day, would drive to the doctor's house and ascend the three flights of stairs leading to his consulting-room; and it so happened. Hypnotic sleep was induced by fixation of a brilliant object and suggestions made. The next day there was marked improvement in all her symptoms, and in three weeks she was practically well.

In cases of this kind, which depend upon a psychical cause for their origin, this treatment is strongly advocated. "Who shall decide when doctors disagree?"

The Description of a Cigarette.—Among other experiments made by A. Binet, in order to study the higher intellectual faculties, an interesting one is detailed in the *Revue de Psychiatrie* (1897, No. 9).

Three different groups of individuals were selected as subjects of the experiment: (α) seven old boys of an elementary school (aged 13—20 years); (β) five pupils of a class of elementary mathematics; (γ) six pupils and assistants in the laboratory of psychology (aged 30—35 years). The experiment was as follows:—A pen and paper were given to each, and they were seated before an object which they were asked to *describe*. "A small object, such as a pen-holder, a knife, &c., will be placed before you, and remain before your eyes. You understand, you are not asked to draw it, but only to give a *description* of it in words. Here is the object." This object was a cigarette. Five minutes was the time allotted for the task, but in a few cases, where the number of lines of description was deemed insufficient, the time was prolonged by a few minutes.

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A number of characteristic descriptions are given, and from the general tendency exhibited, or the intellectual direction of the subject shown in his description, Binet arranges them into types:

1. *Descriptive or Graphic Type.*—Minute and dry observations, without reasoning or conjecture, without imagination or emotionalism.

2. *Observant Type.*—Observations and tendency to judge, to conjecture, to interpret what is perceived. This mental type has already been commented upon by Miss Bryant.

3. *Érudite Type.*—Memory and erudition exemplified. The subject mentions what he knows, what he has learnt concerning cigarettes in general. The result is quite impersonal, and borders on the common, the stereotyped.

4. *Imaginative and Poetical Type.*—This is a more complex type, and would perhaps bear subdivision. It illustrates a neglect of observation, the predominance of the imagination, of personal recollections, of emotionalism. Bad taste and bathos may be found in this type.

Without laying much stress on his results, or endeavouring to draw definite conclusions from this and other similar experiments, Binet concludes that from the experimental study of the higher intellectual faculties we may observe the existence of four or five definite mental types—the descriptive, the observant, the erudite, the emotional, and the idealistic.

Obsession of Blushing (Ereuthophobia).—Drs. A. Pitres and E. Régis (*Archives de Neurologie*, 1897, No. 13) distinguish three kinds or degrees of morbid blushing, as regards the moral effect produced by the blushing. (*a*) Simple ereuthosis, including individuals who present an extreme readiness to blush, but are not concerned, or only momentarily troubled, on this account. (*b*) Emotional ereuthosis. In this class we find subjects who, besides blushing readily on the slightest provocation, are concerned about it, and evince a desire to be rid of this weakness. This anxiety does not, however, amount to an obsession. Cases are given to illustrate this group. (*c*) Obsessive ereuthosis or ereuthophobia. Here we are dealing with cases in whom the mental preoccupation on account of the blushing constitutes a true obsession—a painful and tenacious phobia. Nine cases have been observed by Pitres and Régis during recent years, and from an analysis of them they are able to define the principal characteristics of this obsession. All the cases but one were men of a neurotic type. The attacks of blushing appeared in all under very similar conditions, and were similarly influenced (by weather, observation, &c.). During the interval between the paroxysms there is a constant dread of blushing, a constant self-analysis to explain this peculiarity. In order to conceal their weakness patients resort to all kinds of devices; some take to alcohol. Full notes of two cases are given.

Psychologically this obsession seems to offer a favourable field for

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the study of the relations between fixed ideas and emotions, and of the nature of the emotion. From the recent investigations of Lange, Ribot, &c., we are prepared to believe that the *rôle* of the emotion in certain psychopathic states is much more important than has been hitherto held; and although the attention of our two authors was not directed especially to the condition of the vaso-motor reflexes of their patients at the time they were under observation, nor to some other points of interest in this connection, they nevertheless draw attention to certain deductions from these cases which are of great psychological importance.

(1) The order of succession in the phenomena observed in cases of morbid blushing is invariably the following:—(α) An excessive tendency to blush, followed by (β) a feeling of confusion coming on at a later date, and then (γ) a fixed idea, which comes as a complication. That is, (α) a vaso-motor phenomenon; (β) an emotional phenomenon; (γ) an intellectual phenomenon. If, on the other hand, we consider the disease from the point of view of the increasing *gravity* of its various forms, we notice the same dissociation of the three elements, and in the same order.

(1) In simple ereuthosis—an excessive tendency to blush (innate or acquired) without morbid emotion and without fixed idea—the disease is reduced to the vaso-motor element.

(2) Emotional ereuthosis is a tendency to blush with morbid emotion and without fixed idea; *i.e.* the disease with its two elements, vaso-motor and affective.

(3) Ereuthophobia—tendency to blush with morbid emotion and with fixed idea; *i.e.* the disease complete with its three elements, vaso-motor, affective, intellectual.

One fact, however, seems to militate against the priority and the absolute preponderance of the affective element in ereuthophobia: it is that the blushing attacks are generally brought about by the idea of blushing, according to the almost invariable testimony of the patients; *i.e.* the intellectual element precedes the emotion. This, however, as the authors show, is probably only a hasty conclusion drawn from a superficial analysis of the facts.

A study of the influence of atmospheric conditions on the attacks of blushing, a careful examination of the phenomena which occur when attacks are suddenly brought about, &c., lead to the conclusion that the idea is not the precursor of the emotional crisis.

The authors' final words on this subject are, "We believe that we are justified in saying that in the obsession of blushing, as in many other phobias doubtlessly, the fundamental and constant phenomenon is the emotion."

Loss of Consciousness in Hysterical Attacks.—After referring to a widely spread notion that consciousness is never lost in hysterical attacks, Dr. A. Pitres, in a small monograph ("De la perte de connaissance dans les attaques d'hystérie;" Paris, Masson et Cie., éditeurs), gives the results of his researches into the mental state

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of patients during hysterical paroxysms. At the outset he lays stress on the importance of distinguishing, in what is called vaguely loss of consciousnes, or "losing the senses," phenomena of consciousness and phenomena of memory; and on the necessity of studying the state of the consciousness and of the memory in each of the three periods or phases of a regular hysterical attack, as well as in each form of irregular or incomplete attack.

The laws which preside over the retention or the loss of consciousness in hysterical attacks are found to be complex, but Dr. Pitres believes that they may be summed up in the following propositions:

1. In the pre-convulsive stage of complete and regular hysterical attacks, and in incomplete attacks solely characterised by phenomena which habitually belong to this stage (attacks of sobbing, spasms, pandiculation, &c.), consciousness and memory are entirely preserved.

2. In the convulsive stage of regular attacks, and in the incomplete attacks constituted by tonic and clonic convulsions of the epileptoid type, consciousness and memory are totally abolished. In incomplete or irregular attacks where *clonic* convulsions appear at the outset, patients may retain enough intellectual lucidity to be able to notice what goes on around them, and to answer questions put to them. But, in spite of this apparent persistence of consciousness, they are not able to realise that they are convulsed, and do not remember, when the attack is over, that they have had spasmodic, involuntary movements.

3. In the post-convulsive stage of regular attacks, and in attacks solely represented by hypnotic phenomena (attacks of sleep, of catalepsy, of lethargy, of delusions, &c.), consciousness and memory behave exactly as in cases in which these phenomena do not represent attacks or stages of hysteria; that is to say, that with the exception of a few rare varieties (deep lethargy, acute maniacal delirium, &c.) consciousness is preserved during the hypnotic stage; and the memory of what has occurred, though abolished in the normal state (awakening), is susceptible of being revived completely in subsequent hypnotic states, either spontaneous or induced,

On the Pathogeny of Joint-troubles and Spontaneous Fractures of Bones in Locomotor Ataxy.—In *Archives cliniques de Bordeaux* (1896, No. 11) Drs. Pitres and G. Carrière give a detailed account of the history and post-mortem examination of a patient suffering from locomotor ataxy, which bears upon the pathogeny of the joint and bone affections in this disease. Two theories have been suggested to explain these affections: one refers the trophic lesions of bones and articulations to an atrophy of the cells in the anterior horns of the spinal cord; the second refers them to inflammatory or degenerative lesions of peripheral nerves.

Pitres and Carrière's case is that of a man aged 58 years, with a

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history of alcoholism and sexual excess. At the age of twenty-six he had his first gastric crisis; at the age of twenty-eight, soft chancres, scabies, and a second gastric crisis; at thirty, anæsthesia of the big toe, numbness in left foot, lightning pains; at thirty-three, inco-ordination of legs, shedding of big toe-nails; at thirty-five, confirmed ataxy, troubles in micturition; at thirty-eight, spontaneous fracture of the tenth right rib; at forty-two, arthropathy of the left knee ("Charcot's joint").

Between 1881 and 1895, progressive aggravation of symptoms.

Death on July 10th, 1895, in a condition of marasmus, after a severe and prolonged gastric crisis.

At the autopsy, and as a result of careful histological examination, were found: systematic sclerosis of posterior columns along the whole length of the cord; normal appearance of cells in the anterior cornua, and of antero-lateral columns; advanced atrophy of posterior nerve-roots; diffuse lesions of ulnar nerves, intercostal nerves, and nerves of lower limbs, more marked than elsewhere in the filaments distributed to the left knee-joint (the seat of arthropathy), and in those of the tenth intercostal nerve on the right side (corresponding to the broken rib). Anterior nerve-roots normal.

The description of the nervous filaments supplying the articulation of the left knee, for instance, is: "only a few fibres are to be seen here and there with a recognisable myelin sheath. The nerve-fibres are for the most part reduced to empty sheaths, or to sheaths containing here and there fusiform masses of granular protoplasm."

Reviewing the literature of the subject, our authors find that in four cases, more or less convincing, alterations in the anterior cornua of the spinal cord are described in locomotor ataxy, against seventeen cases in which microscopic examination has failed to reveal any appreciable alteration in the anterior cornua.

In favour of the neuritic theory of arthropathies, they find eleven observations detailing the results of careful examination of the nerves supplying the diseased articulations, in each of which these nerves have been found more or less diseased (references given). In only two cases, concerning which scant information has been supplied, these alterations have not been found. So that the authors conclude that tabetic arthropathy in all probability depends upon alterations in the nerves supplying the articulations involved.

As regards the causation of the bone affections in locomotor ataxy, we have up to the present but limited contributions to the study of the subject. Only five published cases bear on this point. In three, including the case of Pitres and Carrière, there are positive indications that these fractures are due to disease of nerves supplying the bones. In two cases no mention is made of the condition of the nerves particularly in question; but in one of these it is definitely stated that the anterior cornua were healthy. Here also, therefore, the evidence so far is more strongly in favour of the neuritic theory than the myelopathic.

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