He said that he must do what his youngest brother wished. He improved gradually, and was allowed to return home on May 17th. The father of these three brothers was also restless and excited, spoke much, and showed abnormal religious ideas. During the fits of excitement, he believed that he was driven about by spirits; but the attacks passed away in a fortnight and he became well. W. W. IRELAND.

On Injuries to Peripheral Nerves. (*Pract., Aug.*, 1899.) *Horsley, V.*

He classifies injury to nerves in four classes, viz.: 1st, division; 2nd, contusion; 3rd, compression; 4th, stretching. He discusses their diagnosis, prognosis, and treatment, and gives illustrative cases. He further discusses the influence of such lesions in the production of neurasthenia, and the consequent difficulty of determining the value of pain, peculiar sensations, loss of power, and similar symptoms.
W. F. PENFOLD.

Amnesic Aphasia [*Aphasie amnésique*]. (*Nouv. Icon. de la Salpt., Nov.—Dec.*, 1899.) *Trénel.*

He records the notes of two cases, in one of which there is an account of the autopsy (with plates showing lesion). The predominant symptom is amnesia of nouns, visual perception and psychical vision being intact. A large subcortical hæmorrhage, the lesion found in the first case, supports Pitre's view that these cases of subcortical aphasia—aphasia of conductibility is perhaps a better term—arise from rupture of the commissural fibres which connect the differentiated centres for verbal images to those parts of the cortex which preside over the higher functions. Clinically we observe in these cases amnesic aphasia. The possibility of some lesion existing in the cortical cells belonging to the system of the association fibres destroyed, and which might explain the symptom, is not excluded in Trénel's case, as only macroscopical evidence is given. H. J. MACEVOY.

Post-epileptic Hemiplegia of Short Duration. (*Glas. Med. Journ., December*, 1899.) *Gibb-Dunn, W.*

Although such cases are not uncommon, yet the case recorded presents peculiar features. The fit was of the slightest description, and resulted in paralysis of left arm and leg, right side of face, and loss of articulation. Condition lasted under half an hour. J. R. LORD.

Anomia and Paranomia. (*Journ. Nerv. Ment. Dis., December*, 1899.) *Mill, C. K.*

A peculiar form of aphasia in which the patient could recognise objects by sight, hearing, touch, taste, smell, but was unable to give names. There was no other symptom of focal lesion. There was limited spontaneous speech (without concrete nouns), no agraphia, word or letter blindness. He had also a marked form of paralexia or paranomia. J. R. LORD.

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