Peacock, regarded the story as unreal. All one can say is that it looks suspiciously delusional when taken in connection with the strange incident at Tremadoc.

Shelley's health was by no means bettered by disputes which arose between his wife and Miss Clairmont, who was suffering deep distress from the conduct of Byron in not allowing her to visit her child, Allegra. Shelley had a difficult part to play in endeavouring, not only to preserve peace at home, but to mitigate the bitter feelings which found expression in the correspondence between Byron and the injured Claire. Shelley always manifests a very friendly feeling to her in his letters, but he scarcely pleads her cause when addressing Byron, in the indignant tones which one would have desired.

(*To be concluded in the next Number.*)

Leçons sur les Maladies du Système Nerveux faites à la Salpêtrière. Par J. M. CHARCOT.

(*Concluding notice.*)

In the sixteenth lecture, Professor Charcot narrates the history of an epidemic of hysteria occurring in a family which had devoted itself to the vagaries of modern spiritualism. It is very probable that many such instances of the grave forms of hysteria are to be ascribed to practices which tend to impress with awe the imagination of neurotic subjects. In the succeeding lecture the treatment of such cases is discussed, and the importance of isolation is insisted on. Statical electricity and cold baths are also recommended, but the bromides are, according to the author, of no service.

The rest of this work is devoted to hysterical manifestations occurring in males, and the important part taken by injuries of various kinds is illustrated by numerous cases of the greatest interest. To physicians and surgeons who are called upon to examine and report on "railway cases" Professor Charcot's remarks are invaluable. Hysteria in man is by no means uncommon, and this is a fact which at the present time is not sufficiently appreciated. Subjective symptoms after injuries are on obvious grounds often to be regarded with some scepticism; but the point which Professor Charcot tries to enforce is the connection which subsists be-

tween traumatism and hysteria. Anyone who attentively reads these lectures will derive material help in the often difficult task of differentiating between the malingerer and the hysteric. A brief account of a patient whose case is fully narrated in the nineteenth lecture exhibits very clearly the influence of an injury in the production of functional paralysis. The patient was a youth of eighteen, of neurotic disposition, who fell a distance of seven feet. For a few minutes he remained where he fell, apparently unconscious. He was found to have sustained some slight contusions of the shoulder, ankle, and knee on the left side. Three days after the injury the left upper limb became weak, and within a month the extremity was absolutely paralyzed. Nine months later he came under the notice of Professor Charcot. The arm, although still quite powerless, showed no trace of contracture. The muscular masses had undergone no atrophy, and their electrical reactions were normal. Sensation was lost in the limb, and the muscular sense was absent. There was also hemianæsthesia of common and special sensation on the left side of the body. On the same side there was marked contraction of the visual field for colours, and the circle for red was more extensive than that for blue—a phenomenon to which allusion has already been made, and which Professor Charcot believes to be characteristic of hysteria.

All the probable causes of a monoplegia of this nature are fully discussed, and the author demonstrates that hysteria, and hysteria alone, could account for the symptoms. It was subsequently found that hysterogenic zones existed in various parts of the body, and on exerting pressure on one of them a typical hystero-epileptic attack followed. He continued to have these seizures for several days, and after one such seizure the patient regained the use of his arm.

Cases of hysterical paralysis of the upper limb occurring after an injury are apt to be ascribed to a lesion of the brachial plexus. In the latter case the muscles undergo rapid atrophy and present the reaction of degeneration, the tendon reflexes are abolished, and the skin often becomes cold, livid, and mottled. Certain peculiarities in the mode of distribution of the anæsthesia are elaborately discussed and illustrated. Attention is drawn to the fact that in hysterical monoplegia the loss of sensation does not follow the track of the nerves. In lesions of the brachial plexus the reverse is the case, although it must be remembered that sometimes

sensation is but little involved, and that when it is impaired the defect may be transitory.

Whilst discussing one of these cases of hysterical monoplegia, Professor Charcot incidentally remarks on the existence of monocular diplopia, a condition first noticed as occurring in hysteria by Parinaud at the Salpêtrière. Monocular diplopia may be due to certain local defects, such as early cataract, in certain cases of astigmatism, and to the use of atropine and eserine; but apart from these causes it is found occasionally in hysteria, and when present is attended with certain visual peculiarities. An object held quite close to the affected eye appears much larger than its actual size (*macropsia*), but when viewed at a distance of fifteen or twenty centimeters it seems to be three or four times smaller than natural (*micropsia*).

Professor Charcot, remarking on the therapeutics of hysterical monoplegia, directs attention to Dr. Russell Reynolds's investigations into those forms of paralysis dependent on idea. The author then proceeds to describe the various phases of the hypnotic state, and he points out that it is often possible to obtain artificially by suggestion a perfect imitation of hysterical monoplegia following on injury.

The twenty-third and twenty-fourth lectures are devoted to the discussion of "hysterical hip."

A graceful tribute is paid by Professor Charcot to the remarkable clinical acumen of Brodie, who was the first to direct attention to hysterical affections of joints. The chief diagnostic features of hysterical hip are reproduced from the original work of the great English surgeon. The affected lower limb appears shortened in consequence of the muscular contraction, and for the same reason the thigh is fixed, and moves with the pelvis. These features are observed also in organic hip disease. The chief point of differentiation is the character of the subjective symptoms. Pain, it is true, is often situated both in the hip and knee, as in the organic affection, but in the functional disorder there is tenderness of the skin over the joint, and usually over the lower part of the abdomen. This cutaneous hyperæsthesia (Brodie's sign, as Professor Charcot terms it) is very characteristic of the hysterical disorder. It is well to bear in mind that occasionally actual structural change in the hip joint may co-exist with the hysterical phenomena, but exploration under chloroform will usually lead to a correct diagnosis. Professor Charcot points out that suggestion during the

hypnotic state and traumatic causes often of slight degree may give rise to a condition identical with hysterical hip.

In the twenty-fifth lecture a case of functional monoplegia of the upper limb is described, which ensued after a severe injury. The loss of power was accompanied by anæsthesia, and presented all the characters already noticed as occurring in hysteria. The influence of *local shock* is fully discussed, and the difference between it and *local stupor*, as described by Verneuil, is pointed out. In the latter condition loss of power and anæsthesia may be present, but they depend on pressure exerted by inflammatory swelling on the nerves and vessels. In the patient, whose history provides the text of this lecture, a plaister apparatus was applied to the fractured forearm. The paralyzed upper limb, which had been previously flaccid, became contractured, the condition exactly corresponding with that so often found in hysterical subjects. Much benefit followed the methodical use of massage, but there remained some permanent flexion of the fingers, probably due to the formation of fibrous tissue.

The concluding lecture deals with the subject of hysterical mutism. In this condition the patient is unable to whisper, or even to imitate the movements of articulation. The deaf mute may utter sounds under the influence of emotion, but the hysterical mute is absolutely aphonic, the condition being one of pure motor aphasia. Professor Charcot points out that by means of suggestion in hypnotized subjects, hysterical mutism may be produced artificially.

In the Appendix to this work many valuable cases are narrated with references. A short account of hysterical muscular atrophy by Babinski is especially interesting and important.

In conclusion we can only repeat the opinion already expressed, that these lectures fully sustain the high reputation which Professor Charcot has so long enjoyed throughout the world of medicine.

The Morphia Habit and its Treatment. By Dr. Albrecht Erlenmeyer, Heuser's Verlag, 1887.

The subject, morphia craving, is one of considerable importance. The high pressure at which life is carried on in the present age, the many physical evils involved in such, the tendency, so marked nowadays, to escape from all forms