

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 plaster apparatus was applied to the fractured forearm. The paralyzed upper limb, which had been previously flaccid, became contracted, 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.

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*The Morphia Habit and its Treatment.* By Dr. ALBRECHT ERLÉNMEYER, 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

of discomfort by fair means or by foul—these must bear the blame of much of this prevalent and increasing vice. Dr. Erlenmeyer deals, in full, with its etiology, which includes not merely all varieties of pain, but all forms of discomfort, asthma, vomiting, sleeplessness, melancholia. The strange, and at once the dangerous element in the use of morphia is that it tempts, not only by causing the *habitué* to forget all troubles, but that it actually renders him or her, for the time being, actually more capable—truly a Satanic guise. The cultured classes and doctors, in particular, are amongst the chief victims. The author gives the next place to officers. An important point raised is that a single injection may start the craving, *acute morphia habit*. The moral to be read in every line of the causation is that the syringe must never be used except by the hands of the medical man.

The pathological anatomy of morphia poisoning is treated in a somewhat prolix chapter. Considering the indefiniteness of the results, it might have been more summarily dismissed. Very interesting is the craving witnessed in new-born children, the mother being a morphinist, in illustration cases of severe collapse in the infant removed by a morphia injection are cited.

The symptoms of abstinence, in particular the collapse, sometimes threatening life, are dwelt upon, and in a subsequent chapter they receive detailed consideration, together with the best methods of meeting them.

The modes of cure—the gradual, the sudden, and the rapid (a half-way house)—are fully considered. The author decides upon the rapid method, and he gives ample instructions as to the mode of carrying out the cure.

The value of cocaine as a means of lessening the pains of abstinence is discussed. This invention of the nether regions (*Höllennittel*) is strongly discountenanced. The cocaine craving, so likely to ensue when the drug is used for the above purpose, forms a *Charybdis* which offers nothing really more desirable than the *Scylla* escaped from.

A very copious list of cases of morphia-craving is appended, and an exhaustive literature concludes. The book is a valuable one, but, may we suggest it, was it essential it should be quite so big?

*The Principles of the Treatment of Epilepsy.* By Dr. ALBRECHT ERLENMEYER.

The principles consist in a careful investigation of each epileptic case and treatment, not general, but individual. Dr. Erlenmeyer makes the complaint, probably with justice, that cases of epilepsy are far too frequently treated in a rule-of-thumb manner, and scarcely at all investigated. He then proceeds to describe how a case should be examined (the details are somewhat alarming, it must be confessed), and subsequently describes the many varieties of epilepsy, including Jacksonian. On p. 13 we find one cause given which sounds theoretical, "commotio cerebri." In the investigation of causes he insists that the history should be most carefully taken; and under the head of injury should include even a simple box on the ear! We would suggest that so careful a history will scarcely ever fail to discover some cause, right or wrong. A case of epilepsy cured by trepanning, which operation was done at the author's insistence, is included in the text of some remarks at the end of the brochure.

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*On Jacksonian Epilepsy.* By Dr. E. ROLLAUD, Médecin des Asiles "John Bost." De Laforce (Dordogne). 1888.

This, a small volume of nearly two hundred pages, is one of the publications of the Progrès Médical. It is a fairly complete monograph on Jacksonian epilepsy. A preliminary chapter is devoted to the anatomy and physiology of the subject, Dr. Ferrier's experiments finding special mention. The definition, history, and symptomatology are treated of in successive chapters, the last being introduced by a fully-reported case of Dr. Jackson's. The interesting post-epileptoid phenomena sometimes observed, e.g., aphasia (chiefly in cases of right-sided convulsive attacks), hemianopsia, hallucinatory disturbances of sight and hearing, are carefully recorded. A very valuable table of 109 cases derived from all sources is an important feature of the book. This is supplemented by a chart, which shows most beautifully the motor zone as the part almost solely affected by the lesions in the 109 cases. The pathology of the disease is next considered. The diagnosis between this and true epilepsy and hysteria—the latter sometimes simulating the disease almost