

"cerea flexibilitas," negativism, verbigeration, etc.—developed. She died two years and a half after admission. On *post-mortem* examination a marked depression of the upper and inner angle of the left parietal bone was found: no thickening of the dura, and but slight of the pia-arachnoid. Atrophy of the cells of the Rolandic areas, frontal lobes, pons, bulb, and cord was present, together with increase of the neuroglia. There was an advanced state of pigmentation observed in the cells of the motor areas, in the pons and medulla. In the Rolandic area this pigment was at times sufficient to occupy the entire cell body, though usually involving only the periphery.

The author claims to be the first to describe this marked pigmentary cellular change in dementia præcox.

A. I. EADES.

*Vaso-Motor Disturbances in a Case of Hysteria* [*Troubles Vaso-Moteurs chez une Hystérique*]. (*Nouv. Icono. de la Salpêtr.*, 1904, No. 6.) GÉNÉVRIER, J.

This is the case of a girl who suffered from hysterical attacks and somnambulism in childhood; at the age of 15 she had visual and auditory disturbances, attacks of giddiness and falls. At the age of 17 large patches appeared on the legs: the skin over them became pale, then red, and liquid transuded from them. There was oedema of the legs and transient blindness. A little later a patch appeared on the abdomen, but lasted longer and became gangrenous superficially. Several superficial gangrenous patches then appeared in succession on the abdomen, the thighs, and backs of the hands and fingers. Paraplegia, cured by magnets, blindness, deafness, suicidal ideas—all of a transitory character—next occur in her history. Dr. GÉNÉVRIER saw her at the age of 23, on account of gangrenous patches on the left leg. She had on admission typical stigmata of hysteria; white scars of the old patches were clearly visible. On the internal aspect of the left leg there was a gangrenous patch 10 cm. long and 4 cm. wide with a covering suggesting the appearance of diphtheritic membrane, dirty grey, uniform, and involving only the superficial layers of the skin. Around was a limiting zone, bright red and irregular, with a marbled and livid skin beyond. The leg was very cold. While under observation another but smaller patch appeared on the outer surface of the same leg, and other typical hysterical symptoms were observed (paraplegia, crises, anorexia). Discussing its causation, GÉNÉVRIER inclines to the vaso-motor theory—prolonged vascular spasm causing gangrene. He discusses the possibility of auto-mutilation, only to discard the likelihood in this case.

H. J. MACEVOY.

*The Mental Disorders of Neurasthenia.* (*Medicine, Aug., 1904.*) NORBURY, F. P.

The author agrees with Dana that the trend of modern neurological thought is towards "the passing of neurasthenia," and assigning at least half the cases now so designated to the group of psychoses, calling the cases psycho-neuroses. He believes this to be a decided step in ad-