

cyphers were written on a black-board behind the performer, who stood out upon a plank. They thus could be read by the spectators, but not by Inaudi. Nevertheless he was able to hold in his memory, and repeat all the figures. In adding he used to begin at the left side with the higher numbers. He dealt with the numbers as sounds—that is, they had to be repeated to him orally—whereas Diamandi regarded them as seen figures. Binet observes that, besides the capacity of keeping the figures in memory and rapidly calculating, it is of importance that the reckoners should keep up the use of their talent: for without practice they seem to lose much of their facility. The possessors of this wonderful faculty generally come of obscure families who never showed particular skill in arithmetic.

WILLIAM W. IRELAND.

The First Symptoms of Neuropathy in Children [Die ersten Zeichen der Nervosität des Kindesalters]. (Pamphlet, oct., pp. 38, Berlin, 1904.) Oppenheim.

In this pamphlet, Dr. Oppenheim treats of the symptoms met with in children of a neuropathic temperament. He does not deal with organic diseases of the brain, but confines himself to such minor affections as early neurasthenia and hysteria. In childhood, he observes, we do not find the associated groups of symptoms which characterise these affections in the adult, but a great variety of isolated nervous derangement. The ordinary reactions of pain and pleasure are exaggerated, transposed, or fail to appear. The emotions shown by laughing and weeping and other outward signs are of abnormal force. Excessive timidity, delirium with hallucinations and frightful dreams by night, even day-dreams are sometimes observed. There is fear or horror at the sight of some beast, or of any new animal. There may be troubles of digestion, dislike to particular articles of food, palpitation, coldness of the hands and feet, and other vasomotor disorders. Some of the professor's observations are curious. He had a little patient who had such a hyperæsthesia of the hair of the head that she could not suffer it to be combed. This peculiarity was inherited from her mother and grandmother. Dr. Oppenheim had another patient, a lady who was troubled with the same hyperæsthesia which had come down from childhood. She was also affected with hysteria and neurasthenia. The sensibility of the scalp was greater at times, but in general she could not get her hair combed, or wear a net, and her locks appeared in an untrimmed state. He also mentions a boy who was so distressed at any attempt to brush and comb his hair that it was always in an untidy condition.

Oppenheim observes that in infantile diplegia, a born organic brain disease, the motor reaction usually following upon terror is much increased, though he cannot find that this is accompanied with greater mental emotion. In one case noises such as striking the table with the hand caused tonic spasms in the muscles of the trunk and limbs, and these did not cease to follow the frequent repetition of the stimulus. Dr. Oppenheim had a patient, a boy eleven years of age, in whom vomiting was caused by everything that excited him, especially by anything that promised him pleasure, such as a drive in a coach or on the

railway. He used to abstain from food before such excursions in the hope that he should thus escape vomiting. His father had suffered from the same distressing tendency up to his twenty-first year.

The author observes that none of the numerous symptoms which he mentions should be disregarded or attributed to moral perversity. They should be noted as signals warning those who have the charge of children of the danger of more serious nervous troubles. He does not enter into the question of prevention or treatment, which has been already considered in his pamphlet *Nervenleiden und Erziehung* ("Nervous Affections and Education").

WILLIAM W. IRELAND.

5. Treatment of Insanity.

General Survey of the Treatment of Epilepsy. (*Gaz. des Hôp.*, Feb. 13th, 1904.) *Vires, J.*

In order to deal more completely with the subject, the therapeutics of epilepsy are sub-divided according as they are adapted (*a*) to avoid the attack; (*b*) to deal with the outburst itself; (*c*) to treat its sequelæ; (*d*) to overcome the morbid tendency.

Sub-division (*a*) deals with the exciting causes, so called, and their suppression. The removal hence of all causes of irritation reflex or central, such as may be conveyed by light, sound or mechanical excitation, etc.—The determination and combating of any infectious or toxic element which may underlie the seizure; the suppression of any nervous strain intellectual or emotional, etc., etc. It will not be necessary to develop further this sub-division.

Sub-division (*b*) can be passed over and likewise (*c*) and we may proceed straightway to the consideration of the means to be adopted to overcome the convulsive potentiality of the case, sub-division (*d*).

The class of medication now in question addresses itself to the instability or explosive character of the nervous system and labours to make more stable or less excitable the cells of the grey matter.

Solanaceous Plants: Belladonna and hyoscyamus represent this group; the former has been advocated by various authorities, *e.g.*, in association with bromides in epilepsy generally (Gowers) in nocturnal epilepsy (Hughlings Jackson), in impulsive and vertiginous epilepsy (Pierret), in nocturnal incontinence of urine, which Vires says is a masked form of epilepsy (Trousseau).

The Valerian group: The use of valerian and its derivatives in epileptiform seizures is of very ancient history, but in modern times it has become comparatively restricted, and the like is true of the "antispasmodic" group of the oleo-gum-resins asafoetida and galbanum and of the aromatic bodies such as musk, amber, civet and castor.

The oxyde and salts of zinc have had, and still have a considerable vogue in the treatment of nervous affections, including epilepsy. It is common to associate zinc with valerian either as the valerianate of zinc or else to prescribe some inorganic pre-