

the left normal in size. The skin over both breasts is normal. Hysterical breast shows itself most commonly by symptoms of neuralgia, the so-called "mastodynia." Simple hypertrophy of the breast is always unilateral and is less common.

4. *Paralysis of Ulnar Nerve.*—Two cases of contracture following a paralysis of the ulnar nerve. In both cases a peculiar attitude of the hands was produced, which Dupuytren has described in connection with the retraction of the palmar fascia. The author calls this attitude "main en pince." Case I. Paralysis of the ulnar nerve following prolonged anesthesia for laparotomy. The left hand remained contracted. The first phalanges were in forced extension, the second and third in slight flexion; extension and flexion more accentuated in the fourth and fifth fingers. The fingers abducted, the tendons of the long extensors very prominent on the dorsal aspect. Movements of abduction and adduction abolished. Voluntary flexion of the fingers very feeble? Adduction of the hand abolished. It was impossible for the ends of the fingers to touch each other on account of the limitation of motion; this was especially marked in the ring and little fingers. Case II. A man, seventy-eight years old; thirty years before was struck with a bullet in the internal and inferior aspect of the arm. This produced a painful paralysis of the hand and finally led to the following condition of the fingers: The last three fingers in forcible flexion, the third phalanx upon the second, the second upon the first, and the three fingers upon the palm of the hand. This flexion was so forcible that the nails were driven into the skin. The thumb and index finger functionate normally, at least for flexion and extension. In the first case hysterical contraction was considered as a possible factor, but it was excluded. The article is illustrated by beautiful photographs.

5. *Ostitis Deformans.*—A report of the microscopic findings of the bones, viscera and nervous system of a case of ostitis deformans of Paget. The findings in the nervous system were not marked enough to attach to them any great importance in an etiological way. The paper is a very complete one, containing many excellent photographs of the bone lesions, as well as a full discussion of the cases in literature. An abstract of this paper from the neurological standpoint does not seem to be indicated.

6. *Influence of Muscular Work.*—No abstract of this article is practical, on account of the complicated mass of experimental data.

S. SCHWAB (St. Louis)

MISCELLANY.

ACTION OF BACTERIAL POISONS ON PERIPHERAL NERVES. Dopter and Lafforgue. (Archives de Médecine Expérimentale, July, 1901.)

These authors have gone completely over this subject by the experimental inoculation of a large number of such substances. They employed diphtheria toxin, tuberculin, bacillus pyocyaneus, streptococcus, staphylococcus, pneumococcus, pneumobacillus and cholera and pest toxins. Soluble products of the colon bacillus gave practically no results. These various substances were inoculated locally around the peripheral nerves of guinea-pigs. Account was taken of the clinical symptoms produced and a microscopical examination of the nerves was made. They believe that inflammations of the peripheral nerves of infectious origin are due to the action of bacterial substances circulating in the peripheral blood-vessels. These penetrate by dialysis into the interior of the nerve

fiber at its most vulnerable point, the nodes of Ranvier. They exert a necrosive chemical action on the elements of the interannular segment sometimes the axis-cylinder being relatively more affected than the other parts. The entire picture resembles a peri-axillar segmentary necrosis. If the axis-cylinder submits to grave alterations rupture and fatal degeneration follow, accompanied by the characteristic symptomatic conditions. HIGLEY.

TABES AND DIABETES. W. Croner (*Zeitschrift für klinische Medicin*, 1901, Vol. 41, No. 1-4.)

Many symptoms are common to both tabes and diabetes and even with positive signs it may be doubtful for some time whether one is dealing with the transient glycosuria of the nervous disorder or with a diabetes in which the neuritic symptoms are most prominent. According to the author both diseases rarely occur together. Among symptoms characteristic of both may be mentioned irregular areas of anesthesia or analgesia, paresthesiæ, especially about the legs and sexual organs, increased sensitiveness toward cold, lancinating pains, diminished sexual vigor, and trophic and secretory disturbances, such as *malum perforans pedis*, *decubitus*, hyperidrosis and muscular atrophy. Even Westphal's sign may occur in diabetes, but is of no prognostic importance. In those few cases, however, where both diseases really occur together, it may reasonably be asked whether this is accidental or whether some common etiological factor exists. The rarity speaks for coincidence, yet diabetes and tabes have been seen in different members of the same family, and diabetes has occurred after injury to the cord. Diabetes insipidus may occur with tabes and it is admitted that the former not so seldom develops into diabetes mellitus. Finally, syphilis is looked upon by many as being capable of producing both disorders.

UEBER DIE KLINISCHEN FORMEN DER GEFÄNGNISSPSYCHOSEN (The Clinical Forms of Prison Psychoses). Rüdä (Allg. *Zeitschrift für Psychiatrie*, 1901, lviii, 2 and 3, s. 447).

After reviewing briefly the opinions of different authors since the middle of the last century, the author gives the results of his investigation of the cases of insane prisoners at Heidelberg during nine years. There came under his observation 94 cases, 84 men and 10 women. Among these he found by far the most frequent clinical type to be katatonia, which occurred in 50 cases (or 55 per cent.). This form again he divides into three groups, the first and largest being what he calls the "vagrant group," in which, after a somewhat variable period of normal development, order and industry, the young patient gives up work and takes to wandering about, begs and finally commits petty thefts which bring him into conflict with the authorities. There may be no marked mental symptoms other than the above, or there may be even before arrest, symptoms of katatonic or hebephrenic character. His second group is that of "habitual criminals," persons who from youth have been addicted to theft, violence and other crimes, who prior to imprisonment have shown no definite symptoms of insanity, but who during confinement (and generally in solitary confinement) develop katatonic symptoms. The third group consists of his "occasional criminals," who have been in the main normal, but who develop katatonia during solitary confinement on account of a single grave crime.

Next to katatonia in frequency, he has found the alcohol psychoses, in all 9 cases, of which 6 were of delirium tremens and 3 of chronic alcohol "Wahnsinn" (delusional insanity). Next came epilepsy