

ed Peyer's patches, or the angry mucous membrane, as the case may be, renewing and aggravating inflammatory action.

We are taught to beware of the danger that is dissolved in our drinking-water, of the germs that lurk in the air, of the mince-pies that linger in our stomachs; ought we not in inflammatory conditions of the stomach and bowels, to enforce a strict quarantine against the "pernicious activity" of toast?—E W HEDGES, M.D. in *Med. Record*.

THE TRANSFERENCE OF SOME HYSTERICAL SYMPTOMS FROM ONE PATIENT TO ANOTHER UNDER THE INFLUENCE OF A MAGNET.

One of the conclusions which was reached by the Committee of the *Société de Biologie* in 1876, on the action of metals, was that sometimes when a magnet was applied to one side of a hysterical patient, such unilateral hysterical symptoms as there were, shifted themselves to the other side of the body, and, as M. Charcot afterwards remarked, oscillated for a while from side to side. Fresh experiments made by M. Babinski, as *chef de clinique* under M. Charcot at the Salpêtrière, have been recently reported in the *Société de Psychologie physiologique* as showing that two hysterical patients may play the part of the two sides of the body, even when there is no connexion between them; i.e. they may be placed back to back even without contact, and the symptoms of the one will shift to the other without any apparent means of intercommunication. There were two groups of experiments: (1) where two similar hysterical girls were experimented upon, and (2) where one of these girls was in combination with a new patient unknown to her. In the first group the two hysterical girls (whom we will call A and B) were put back to back on two chairs. They were both hemi-anæsthetic. A magnet was laid on a table touching B's arm. In a very short time A lost all her hemi-anæsthesia and B became completely anæsthetic on both sides. The bilateral affection was soon transferred to A, and B became normal, and there were several such oscillations: when A and B were widely separated, they relapsed gradually into their original states of hemi-anæsthesia. In these subjects, hysterical paralysis could be easily produced in any limb with or without contracture. If, for example, A's left leg was paralysed thus with contracture, and she was put back to back with B and in contact with her (B having meantime the magnet touching her arm), then the paralysis and contracture of A's leg disappeared, and was shifted to B's leg on the side generally which touched the magnet, and subsequently oscillated between the two subjects. In the same way A might be made dumb if she was told she could

not speak, and this dumbness would shift from one to the other. These experiments in transference were most easily done when both the subjects were in the somnambulant stage of hypnotism, but have sometimes been successful when both were in a normal waking state. If A was put into the somnambulant stage, and B left in contact with the magnet in a normal state, B soon became somnambulant and A woke. With a view to avoid collusion, a second class of experiments was made, in which one of the co-operators was A or B and the other a man or woman with hysterical paralysis, entirely unknown to A or B, who had never before been hypnotised. The method was that A or B should be hypnotised with the magnet in contact with her arm, and then the new patient introduced, and made to sit back to back with her. Under these conditions, the new patient generally lost the paralysis, and A or B acquired it, and for a time it oscillated between them, remaining finally with the new patient. In some cases, however, after several such experiments it disappeared altogether, so that this method might be called in some cases curative, and this suggestion M. Babinski proposes to follow out. He is anxious to emphasize the distinction between his cases and those in which the body has been said to serve as a conductor for the influence of the magnet. MM. Proust and Ballet have published such cases, in which two hemi-anæsthetic girls have been made to hold each other's hands; the magnet was applied to one of them, and after an hour both recovered complete sensation. M. Babinski considers that by his method of conducting the experiments, fraud and suggestion were both excluded, and points to the fact that the results were just as successful on the first trial as after practice. When a hysterical paralysis was produced in A, with a view to testing whether it would be transferred, B was always kept out of the way, so that she could not see or hear anything that had been done to A, and A was covered with a sheet to prevent her from being seen when B was introduced into the room. If the experiment was between A or B and a new patient, care was taken that A and B should be completely ignorant of the condition of the new patient. The magnet was always applied to the arm wherever the paralysis or contracture to be transferred might be.—*Progres Medical*.

CHALK OINTMENT AS AN APPLICATION IN ERYSIPELAS.

My former preceptor, Professor Hughes Bennett of Edinburgh, used to say that, whenever a long list of remedies was recommended as of value in the treatment of any disease, one might feel sure that very little was really known either about the nature of the disease or the means of expediting