

derangement by a drug which is to be used for children is *prima facie* evidence that it should not be used. Our constant endeavour should be to avoid "remedies which are worse than the disease." The use of antipyrin for the treatment of rheumatic diseases of children seems to offset the loss of sodium salicylate as an anti-rheumatic in children. The dosage of the drug is as follows: Make up a solution of antipyrin, 3 grammes to 100 parts of water; of this give a dessertspoonful three times daily. Aspirin is also a promising drug³ for infants and children affected with rheumatism. In addition to this drug treatment, children should be kept in bed at least eight days after the fever has disappeared.—*Interstate Med. Jour.*

TRAUMATIC HYSTERIA.

One of the most pitiable conditions with which the neurologist has to deal is that form of hysteria which we recognize as "traumatic hysteria." It is nowadays common, quite common. We see it on every hand; we hear of it very often. The laity discuss it in tones of awe and commiseration. Most commonly they mistake it for a serious injury to the brain, a local disturbance, instead of a pronounced neurotic disorder. Traumatic hysteria is that form of hysteria which is seen in people who have been the victims of some one kind of accident or another wherein a great fright or fear has intruded. It is seldom, if ever, due to a real injury of nervous tissue by mechanical force. In every case we can trace the element of fear or anxiety which precedes, accompanies or follows the receipt of a traumatism as the etiology factor in the production of traumatic hysteria. We hear of a man who has been knocked on the head by a highwayman; he is probably stunned, probably has a scalp wound, but has no fracture, no concussion of serious import; in short, had he lived fifty or a hundred years ago and had been so maltreated, he would have thought nothing of it, but would have stayed out of bed and gone about his business the next day without a thought of the extent of his injury. But the man of to-day who receives this injury is frightened, and is demoralized through fear. He recovers from his scalp wound, but complains that he is not himself; that "there's something wrong in his head." He broods over it; he cannot sleep; his family are well-nigh beside themselves with compassion for his supposed "intra-cranial" derangement, and their compassion makes his condition worse. This is a true picture of the traumatic hysteric—the man who receives his neurosis through the kindly offices of the thug; the man who, in most cases, would possibly have been better served had he been