

nerve centres suffer, and the mind is slow, stupid and melancholy. Now the alcoholic potion is taken and instantly a most welcome relief experienced. Heart disease is one of the most common forms of heredity; nor is it essential that in alcoholism, ancestry should owe heart disease to the alcoholic habit. It may be from a family strain of rheumatism; or causes apart from the inebriate diathesis. Parents who drink to alleviate the distress from deranged heart function will not unlikely be followed by sons who will do likewise. Here it is the cardiac affection, not the inebriety, that strictly is hereditary.

A. F.

THE PRESENT STATUS IN BRAIN SURGERY, BASED ON THE PRACTICE OF PHILADEL- PHIA SURGEONS.

In the University Medical Magazine, Oct. 1891.—Dr. D. Hayes Agnew presents a paper containing fifty-seven cases of trephining for traumatic epilepsy. Forty-six of the patients were males, four were females, and in seven the sex is unknown. Of these fifty-seven cases, forty-one recovered from the operation, four died, while in the remaining twelve the result is not given. The ages varied from seven to forty-nine years. The mortality did not exceed seven per cent. Thirty-two experienced temporary benefit; nine obtained no relief; four passed out of observation; four were operated on too recently to express any opinion; four were cured, and four died. The author concludes that traumatic epilepsy is practically incurable by surgical operations, and that a considerable number of such cases had better be relegated to the domain of pure medicine. But he believes that a certain number of patients in this class, on whom internal remedies have no controlling influence, may with propriety be operated on as a palliative measure. He assumes that surgery is responsible for the great majority of traumatic epileptics, and the old doctrine that depressed fractures of the skull without symptoms required no operative interference, in his opinion, has been the cause of very many of the unfortunate sequels of head injuries.

A. F.

ECHINOCOCCUS OF SPINAL CANAL.

In the British Medical Journal, Nov. 28, 1891, W. B. Ransom, M.D., reports a case of the above, with operation, which although not successful in the result, shows

clearly that such treatment might in some cases be of very great use. Hydatids of the spinal canal are, he says, usually extra-dural and multiple, but their presence cannot be diagnosed from benign growths, as fibro-myoma and lipoma, unless other cysts are found elsewhere in the body. The fact that they are usually multiple renders them less amenable to surgical interference. A. F.

THE NERVOUS AND MENTAL PHENOMENA AND SEQUELÆ OF INFLUENZA.

In a paper read by Chas. K. Mills, M.D., before the Philadelphia County Medical Society, Jan. 13, 1892, the following opinions are expressed: Any infectious or toxic disease may produce the same symptoms, or train of phenomena, because of the introduction into the system of an agent which directly and powerfully poisons nerve centres, and possibly also nervous-conducting tissues. The nervous and mental phenomena of influenza are, first, those manifested in non-nervous organs, but traceable to a nervous origin. Some of the most prominent pulmonary, cardiac, and vascular affections are best explained on neural theories. Pneumonias may result from vaso-motor paralysis; the peculiar form of pulse and perverted heart's action, sometimes extending even to paralysis, are nervous phenomena due to partial or complete paralysis of the inhibitory apparatus of the heart. Second, those symptoms and affections clearly recognized as belonging to the nervous system include immediate acute and remote conditions, and in those predisposed, marked excitement or depression of the motor, sensory and mental nervous apparatus. Many who suffered from influenza during the early period of the epidemic are still victims of profound neurasthenia, due largely to the cardiac weakness. The organic nervous diseases developed during or following influenza are, in order of frequency, neuritis, meningitis, myelitis, and ceribritis, or various combinations of these inflammatory affections, as, for example, concurrent neuritis and myelitis, meningo-myelitis, or meningo-encephalitis. Almost every variety of neuritis, as regards location and diffusion, is met, but the local is the most common, especially, supra-orbital, intercostal, sciatic, and plantar. The articular pain and other so-called rheumatic manifestations seen during and after la grippe are best explained on the theory of infectious, neuritis or myocitis. Cases should be regarded as neuralgic in which pain is referred to certain nerve lines, but in which pain on pressure and other phenomena of neuritis, as anæsthesia, vaso-motor and trophic disorders are absent.