THE DELIMITATION OF GENERAL PARALYSIS OF THE INSANE. Julius Mickle
(*The British Medical Journal*, Sept. 29, 1906).

In the delimitation of general paralysis with relation to degeneracy and mental degenerates, as regard symptoms the author divides the relevant cases into four groups. Degenerates with deliria, but not marked physical signs, simulating G. P. I. Recurrently alcoholized and deliriant degenerates simulating both the mental and physical signs of G. P. I. Original paranoiac degenerates simulating both the mental and physical states of G. P. I. Degenerates becoming true G. P. I.'s. Cases of general paralysis of the insane may be arrested in their course, the patient remaining a chronic mental defective. This is a fixed mental state and not a long remission, and is one of the terminations of progressive general paralysis of the insane though the descriptive term, progressive, does not apply.
CAMP (Philadelphia).

THE PRE-INSANE STAGE OF ACUTE MENTAL DISEASE. Campbell Meyers, M.D. (*The British Medical Journal*, Oct. 20, 1906).

The stage referred to is "the weeks or months" which "often elapse between the time when any competent observer can notice the deviation from normal mental health and the time when the boundary line of insanity is reached in the onward progress of the disease." The symptoms are: Difficulty in sustaining intellectual effort and concentrating the attention, loss of will power and energy, morbid sensitiveness, emotionalism, morbid introspection, mental depression, loss of affection for friends or relatives, senseless fears, insomnia, and peculiarities in speech and handwriting. The author favors calling the condition "cerebrasthenia" and advocates its treatment in special wards in all general hospitals believing that such care would prevent many cases of insanity.

C. D. CAMP (Philadelphia).

TREPHINING AS A PALLIATIVE MEASURE IN TUMORS OF THE BRAIN. Herbert A. Bruce (*Annal. of Surg.*, April, 1907).

Five cases are reported to show that the classical symptoms of brain tumor—optic neuritis, headache and vomiting—can be relieved or entirely removed by freely opening the skull and dura. As regards vision improvement depends upon the condition of the optic discs. Where secondary changes have set in improvement in proportion to the changes only can be expected. Where loss of vision is due to simple swelling of the discs the sight is not only saved, but improved.

COWLES (New York).

EXPERIENCES IN CEREBRAL SURGERY. Frank Hartley and James H. Kenyon (*Annal. of Surg.*, April, 1907).

After a review of the lack of adaptability of instruments generally employed in brain surgery, Drs. Hartley and Kenyon describe a new hand motor from which power is derived for drilling bone and cutting osseous flaps by means of drills, burrs and disc saws. The advantage claimed for this device are safety, ease of manipulation, shortening the time of operation, lessening of operative shock, and making it possible to cut a clean beveled edge, which last brings autoplasty in cerebral surgery to its highest utility. The most striking point, however, is the fact that they can easily expose any cerebral area through an autoplasmic flap having for its base the temporal fossa, the thinnest portion of the skull. This also