perhaps also tends to eliminate some of the toxic material which tends to accumulate in the blood of these "acid" patients. At any rate the use of the hot-air bath is of great service not only during the process of reducing the morphine but also afterwards. It is very important that as the morphine is reduced the patient should be kept to a strictly moderate and as a general rule a non-alcoholic régime. The tendency is for these patients, as they recover, to eat too much, which again brings on hyperacidity, and this in turn leads to a renewal of the craving. To prevent this a simple life with a fair amount of exercise and the regular use of Turkish baths is to be advised. The great thing is to get rid not merely of the morphine but of the craving for it; and this cannot always be done by strength of will, by good resolutions, or even by subjection to restraint, unless attention be paid to the conditions which lead to the desire for the drug, and also to the discomforts which follow the cessation of its use.

JELLIFFE.

DIE JUVENILE FORM DER PROGRESSIVEN PARALYSE (Juvenile Form of Progressive Paralysis). J. A. Hirschl (Wiener klin. Wochenschrift, No. 21, 1901, p. 515).

During the last ten years twenty cases of juvenile paretic dementia have been observed in Krafft-Ebing's clinic. The age of twenty years is taken as the dividing line between the paresis of youth and that of adult life. Hirschl, who reports these cases, has found that in juvenile paresis hereditary syphilis and neuropathic taint are very common. In seventeen of the twenty cases hereditary syphilis was definitely shown, and in another case it was probable. Nine cases occurred in mentally deficient children. Twelve were in males and eight in females. The disease in these twenty cases began between the ages of eight and twenty years. Most of the patients had not reached puberty; as nine of the males and five of the females were sexually undeveloped. The average duration of the disease was three years and three-quarters, although two cases lasted seven years.

SPILLER.

REPORT OF A CASE OF CEREBELLAR TUMOR; DEATH; AUTOPSY. D. A. K. Steele (The Chicago Clinic, vol. xiii, No. 1).

The patient was a boy of thirteen. At the time of birth he was almost asphyxiated, being resuscitated after considerable effort. No instruments were used. At the age of four years he had malarial fever. When six years old he manifested abnormal nervousness. This passed off in about six months. When about eight or nine years old he suffered from severe epistaxis, and in his eleventh year he had what were called bilious attacks. The contents of the stomach were ejected with great violence. It was supposed that he was suffering from toxemia due to bile absorption, which caused the headaches, jaundice, nausea and vomiting. The mother noticed a slight unsteadiness in the gait, but this was not marked until he was about twelve years old. The eyes were slightly affected, so that he held his book to the left in reading, and noticed spots before his eyes; also complained of diplopia. He was confined to his bed, had very little pain, lay in a semi-comatose condition, had little or no vomiting. When he began to recover he remarked that all the days seemed dark. The sight was tested and it found that he could not count the fingers. This was after he had been ill for three or four weeks, and there was considerable bile in the blood and urine. His gait began to be more unsteady, the unsteadiness gradually in-