treatment of the condition, it is of interest to observe that neither drugs nor psychic therapy seemed to produce any effect. Not even hypodermic injections of duboisine sulphate, of marked utility in many similar conditions, were of any avail here. It was then decided to place the patient in the hospital with the possible view of operating, when in the course of a few days amelioration showed itself, and in about two weeks patient was discharged considerably improved. However, as the improvement did not last long, and the patient insisting on something being done to relieve him, operative interference was finally decided upon. The operation consisted in the separation of the tendons of the various muscles involved in the convulsive seizures. The convulsions ceased entirely during the first three days after the operation, but later on the contractions were renewed, though not with the former severity. ROVINSKY.

THE DAILY RHYTHM OF EPILEPSY AND ITS INTERPRETATION. S. Pierce Clark (Medical News, July 18, 1903).

The study of the rhythm in the course of disease-processes is interesting and instructive, notably so in the chronic convulsive disorders without definite pathological basis. Such studies are not solely of scientific value in solving the pathogenesis of such diseases as paralysis agitans, myoclonus, epilepsy and kindred cerebral disorders, but is of definite therapeutic value. This particularly holds good of epilepsy. Clark has reviewed this whole subject and contributed statistical studies from the Craig Colony for Epileptics. His ultimate data comprise a collection of one hundred and fifty thousand epileptic seizures tabulated by their hourly occurrence. The component tables and the ultimate compilation are here reproduced. He finds that "there is a more or less definite daily rhythm in the epilepsies in the evening, noontime, and in the early morning, which roughly divide the 24 hours of the day into eight-hour periods; there are also smaller or secondary rhythms." He interprets the occurrence of this rhythm in epilepsy upon "the basis of cerebral fatigue and the accumulation of waste products at these periods which produce the autointoxication and which in turn exhibits itself in seizures during light sleep and during the day when the loss of cerebral inhibition is greatest. Secondary and contributing factors are manner of living, diet, exercise, occupation, sedatives and the character of the epilepsy." The secondary causes are not primary in importance as the tables comprising the group collections in which the former were modified materially without materially altering the main curves of the rhythm. A point of considerable practical importance is brought out in the study, that epileptics rarely meet with serious accident while actively employed, or at least not until such work becomes automatic in character; work therefore for such patients should be simple, but not monotonous, a principle in operation in the diversified types of industries in the colony farms in many states.

E. H. WILLIAMS.

LANDRY'S PARALYSIS. D. Rolly (Münchener med. Woch., Aug. 4, 1903).

This rare and interesting condition was carefully studied by the author who had occasion to observe seven cases. The disease began in all with certain prodromal signs, among which a feeling of lassitude was most complained of. In a short time, paresis of the legs became pronounced and the process then extended upward to the trunk, arms and neck. In two cases the facial nerve was involved and in two the muscles of respiration. There generally is no fever during the onset or at most only a slight rise of temperature and pain does not form a prominent sign at first. Throughout the course the reflexes are absent or much diminished and reaction of degeneration will appear eventually. Ataxia is occasionally present, muscular atrophy appears late and the functions of bladder and rectum are generally normal. No new facts could be ascertained as to etiology, like in so many cases previously published, no cause for this serious illness could be

found in some, while in others there was the usual history of alcoholism, syphilis and overexertion. The author looks upon the disease as an acute, ascending neuritis and believes that if the finer nerve-endings in the muscles were to be examined with modern methods, change would always be found. The process has a tendency to creep up along the nerve-trunks into the cord, but lesions are found here only if the disease runs a more chronic course. It is often hard to differentiate from acute polyneuritis, but here some muscles of each extremity generally escape and the upward extension of the paralysis may be interrupted by days and even weeks of apparent quiescence. The two conditions really belong to one and the same class. JELLIFFE.

TUMORS OF THE PONTO-MEDULLO-CEREBELLAR SPACE. Joseph Fraenkel and J. Ramsey Hunt (Medical Record, Dec. 26, 1903).

The writers discuss under this title a group of cases characterized by a local or regional neurofibromatosis. This consists in the formation of tumors (single or multiple) on one or more cranial nerves. The acoustic nerve is most frequently thus affected, and next in order the trigeminus. The pathological occurrences on the cranial nerves are identical with those of generalized neurofibromatosis of the cerebrospinal and sympathetic nerves. The two types are not infrequently found associated. Five cases are reported by the writers, with autopsies. Three were tumors of the acoustic nerve; one a case of bilateral tumor of the acoustic; one a tumor of the trigeminus. The underlying causative factor is a teratological one. Traumatism is unimportant as a factor. The nuerofibromatous development of the other cranial nerves in previous reports is extra-dural, and usually associated with generalized neurofibromatosis. When the acoustic is affected, the growths are of a rounded form, varying in size from a cherry to a hen's egg, of fibrous consistency, and distinctly encapsulated. The surface is nodular and irregular. Usually there is some attachment to an atrophic nerve trunk, and is not closely associated with the adjacent structures. Sometimes the growth diffuses itself along the acoustic nerve, penetrating the internal auditory meatus.

This group of tumors developes symptoms somewhat different from intra-cranial growths, and shows early symptoms referable to a single cranial nerve, with a long interval before other symptoms occur.

Tinnitus aurium with progressive diminution of hearing; Menière's syndrome (aural vertigo) or obstinate and atypical facial neuralgia are common symptoms.

As the tumor increases, the neighboring parts, pons, cerebellum, medulla and basal nerves show evidences of pressure: Peduncular ataxia, tendency to deviate or fall to the same or opposite side, cerebellar ataxia, nystagmus, irregularities in size and reaction of pupils; paralysis of associated movements of the eyeballs, dysarthria, paralyses of the extremities, facial or abducens nerves, motor disturbances of the palate or tongue, circulatory, respiratory, vasomotor phenomena. Owing to the proximity of vital centers these tumors share the fatal prognosis with other severe lesions of this locality. NOYES.

UROTROPIN IN THE PYURIA OF TABES. W. Overend (Lancet, Oct. 10, 1903).

Dr. Overend reports the history of a patient, 36 years, who exhibited classical symptoms of tabes: pains, loss of knee jerk, incoordination and vesical trouble. The urine commenced to dribble and he later suffered from complete incontinence. This was succeeded by a condition of pyuria and the vesical weakness brought about a wretched, morbid and depressed state of mind. Urotropin, 8 grains daily, was given, which finally brought about a correction so that he was able to hold his urine and it became free from pus and albumin and returned to its normal acid condition. JELLIFFE.