diagnosis, the following conditions are noted and excluded, because of the unusual symptoms which are present, bulbar paralysis, asthenic bulbar paralysis, pseudo-bulbar paralysis, polio-encephalitis, and poliomyelitis with bulbar symptoms. The peculiar symptoms in this case are, first, rapid onset; second, development in infancy; third, absolute stationary condition for twelve years; fourth, the sensory symptoms, in addition to the motor. The author found a number of cases in literature which approach this one in regard to symptomatology; these are given various names, as acute poliomyelitis with anomalous distribution, bulbar encephalitis, etc. The absence of degenerative atrophy on one hand, and the existence of sensory symptoms on the other, prove that in this case there is no analogous condition to that of acute poliomyelitis. It is more probably a condition of acute bulbar meningitis, lasting only a short time, but causing permanent destruction of the nerve fibers in the neighborhood of the bulbar nuclei.

SCHWAB.

ON OPERATING ON THE SUBJECTS OF EXOPHTHALMIC GOITER. J. Delpratt Harris (British Medical Journal, May 4).

The patient, a female, aged forty-six, with advanced exophthalmic goiter, died sixty-eight hours after the removal of a cystic tumor of the left breast. Death was apparently due to collapse. Harris deprecates serious operations when complicated by exophthalmic goiter, but when absolutely imperative advises that a course of treatment with remedies of the digitalis class should precede.

WITMER.

TREATMENT OF ARSENICAL NEURITIS. Judson S. Bury (British Medical Journal, Dec. 8, 1900, p. 1629).

As physician of the Manchester Infirmary, the author has had exceptional opportunity to see numerous patients by reason of the recent epidemic of arsenical poisoning at Manchester. Heretofore some seventy to eighty cases were on record, but this epidemic affected thousands. In the treatment followed at the Infirmary, the absolute withdrawal of the cause, beer, was enforced, both because of the arsenic and of the alcohol. Rest in bed is advisable. Massage is distinctly contraindicated. For the relief of the pain hot fomentations are excellent. These are best applied intermittently, a fomentation placed on the affected part for one-half hour and then applied after a lapse of four hours. Vapor baths are of value if the heart action is not affected thereby. Potassium iodide and the salicylates, alone, or in combination, are effectual and the newer analgesics, antipyrin, and phenacetin are valuable in many cases. Strychnine should never be used in the acute stages. The importance of careful nourishment was demonstrated very forcibly. Boiled milk, beef tea, beef extracts, broths and soups are valuable. Peptonised foods are indicated for gastric irritability and at times nutrient enemata are necessary. After the acute stage is over, massage, electricity and tonics are efficacious. Cod liver oil and strychnine are useful, but arsenic is to be avoided.

JELLIFFE.

MEDULLARY NARKOSE (Spinal Anesthesia). H. Vulliet (Therap. Monatshefte, Dec. 1900).

In operation below Poupart's ligament, including the genital organs the patients invariably complained of numbness and formica-

tion in the feet after 1 to 3 minutes; in 4 to 6 minutes anesthesia in the lower extremities set in, and 6 to 8 minutes this had reached up to a line somewhere between the umbilicus and the bimamillary space. After the lapse of $\frac{1}{4}$ hour, the sensibility of arms, shoulder and thorax was much diminished. Certain interesting cases are quoted, thus in one patient the entire body became analgesic, another had lost thermic sensibility. After $1\frac{1}{2}$ to 3 hours sensation to pain returned from above downward and in not a few there was ataxia in the legs. Operations on the sexual organs seemed to be especially adapted to this form of narcosis. In hernia and appendicitis operations the method was less uniformly successful. For the neck and upper extremity it proved entirely inadequate. The usual dose employed was between 15 and 20 milligrams. Of after-effect, nausea and vomiting rarely disturbed the patient. Many, however, complained bitterly of headache, which lasted in some cases 2 to 3 days. Collapse symptoms were never found.

JELLIFFE.

UEBER DIE PROGRESSE DER EPILEPSIE. Habermaas (Allg. Zeitschrift für Psychiatrie, 1901, lviii. s. 243).

The author has made a statistical study of, in all, 937 cases of epilepsy treated at the Epileptic Institute, Schloss Stetten, from 1869 to 1898. Of these 974 were out-patients, 22% were on admission under ten years of age, 58% between 11 and 20, 17% between 21 and 30, while only 2% were over 30.

Psychical disturbances other than weakmindedness were exceptional, 40% he classes as mentally normal, and in nearly one-half the cases the disease had been present less than five years, so that the collection of cases would seem on the whole a favorable one. The conclusions drawn from his various tables he summarizes as follows:

(1) Epilepsy is curable in 10.3% of the cases. (2) 17.3% of epileptics remain free from intellectual impairment. (3) 21% retain full ability to work, 30% have partial ability, while 49% can do no work. (4) The length of life of epileptics averages twenty-five years. (5) In 60% of the deaths, the epilepsy itself is the cause. ALLEN.

EPILEPTISCHE AANVALLEN NA BET GEBRUCK VAN CAMPHORA MONOBROMATA (Epileptic Attacks caused by Monobromate of Camphor). J. K. A. Wertheim-Salomonson (Weelblad van bet Nederlandsch Tijdschrift voor Geneeskunde, Sept. 29, 1900).

Case I.—Boy of eighteen under treatment for pollutions; monobromate of camphor and lupulin ordered. After taking one powder he was seized with an epileptic attack, during which he sustained a dislocation of the left arm.

Case II.—Male, aged twenty. Monobromate of camphor was given for pollutions and neurasthenia. After a single dose of camphor he had a convulsion.

Case III.—Similar to preceding.

This phenomenon has been noticed before. Koester recently recorded a case in which 1 gram of camphor monobromate caused two epileptic attacks. These convulsions represented genuine epilepsy. The cases exhibited subcutaneous hemorrhages and retrograde amnesia as well as other symptoms of the connected disease.

The literature of camphor monobromate has been carefully reviewed by the author. Lewin gives as a terminal symptom in overdoses the production of convulsions and unconsciousness. Huse-