thing is to open the wound freely in all directions under general anesthesia. Many patients were more or less benefited by the local carbolic acid treatment, and some observers report good results from the local use of ice or freezing mixtures or treatment in a cold room. For palliative treatment, chloral and the bromids appear to have been most extensively used. Calabar bean has been much employed, and also morphin, which should be used with caution on account of its inhibitory action on the respiratory centers. There is no question as to the value of antitoxin as a prophylactic; the testimony is uniformly in its favor. It should be used in any case in which there is suspicion of tetanus infection. In a well-developed case of the disease it has no appreciable beneficial effect, neither reducing the mortality nor hastening recovery.

EPILEPTIFORM ATTACKS COMPLICATED BY DOUBLE OVARIAN TUMOR. Russell (Glasgow Medical Journal, February, 1905).

The author reports the case of a woman, 31 years old, who had in October, 1899, a typical epileptic attack. About three years before that time she had had her first attack, and for a year had suffered a repetition of it at each menstrual period. Then for two years she was free from attacks. In November, 1899, she had two fits just before the menstrual period, although she had been dieted and put on bromides. In 1903 she had had but a few fits and was in good health. In May she had an acute attack diagnosed as peritonitis and abdominal tumor, torsion of the pedicle probably being the cause of the peritonitis. The tumor increased rapidly, and in July a large ovarian tumor was removed from the left side and a small tumor from the right ovary. She made an uneventful recovery, and has taken up her work as medical attendant without any recurrence of the epileptiform attacks.

PERIPHERAL NERVE SYPHILIS. J. Grinker, Chicago (Journal A. M. A., July 15).

The author reports the case of a man, aged 40, with history and traces of anterior syphilis suffering with right trigeminal neuralgia, right-sided peripheral facial paralysis and neuritis of left sciatic and left anterior crural nerves. The combination of nerve affections undoubtedly pointed to syphilis as their cause, though two months' vigorous antisymphilitic treatment failed to give relief.

JELLIFFE.

A CONTRIBUTION TO THE PATHOLOGY OF ALCOHOLIC NEURITIS. Harlow Brooks (The Medical Brief, July, 1905).

The author, in a very interesting paper, reports the results of investigations, in connection with Dr. Lambert, upon several selected cases. Contrary to the very prevalent idea, the lesion is found to be central rather than peripheral. The ganglion cells of the cortex, particularly of motor area, exhibiting more or less marked degenerative change. The process may be traced downward through internal capsule and descending tracts of the cord. With the ganglion cells of the anterior horns, and isolated fibers of the anterior nerve roots, marked degenerative changes are apparent, as also of ganglion cells of the posterior root ganglia. Occasional fibers in the ascending tracts, especially of pronounced cases of this type of neuritis, exhibit degenerative processes. The peripheral nerve lesions, apparently, are secondary to those of cord and posterior root ganglia. The result of these investigations serves to confirm the earlier opinions regarding this disease, and offers a satisfactory explanation of the so-called "Korsakoff syndrome."

J. E. CLARKE (New York)..

A CASE OF MYOPATHY WITH MENTAL DEFICIENCY. Ernesto Tramonti (Gazetta degli Ospedali, May 14, 1905)..