MYASTHENIA GRAVIS WITH PARALYSIS CONFINED TO THE OCULAR MUSCLES. William G. Spiller and E. U. Buckman (*The American Journal of Medical Sciences*, April, 1905).

A groceryman, aged 33 years, first noticed April 26, 1904, a dimness and blurring of vision. He had for some time previously had severe headaches, not associated with any ocular symptoms. In November, 1905, there first developed a ptosis of the left eye, and occasionally in the right eye. Examination at this time revealed almost complete paralysis of the inferior rectus muscles of the right eye, but the ocular palsy has seldom been the same at any two examinations; sometimes one muscle is paralyzed, then another. When he takes off his glasses the upper lid of one eye, depending upon which eye he has been using last, begins to fall and gradually there is complete ptosis; while this is occurring the upper lid of the other eye gradually droops until ptosis may be complete or nearly complete on this side also. After the upper lids have fallen, if he closes his eyes a few minutes he can again open them fully. There is no history of syphilis or alcoholism in the case, and large doses of iodid have been given without result. Examination of other parts of the body is negative, except that there is some exhaustion of the left sternocleidomastoid muscle by the Faradic current. CAMP (Philadelphia).

SIMULTANEOUS OCCURRENCE OF SYPHILIS AND TABES. C. Adrian (*Zeitschrift f. klinische Medicin*. LV, Naunyn Festschrift).

Adrian tabulates the particulars of 96 cases of tabes. In 16 there were active manifestations of syphilis in the cerebrospinal system, in 15 there were active manifestations elsewhere, all these being established anatomically, and in 65 there had been evidence of active constitutional syphilis accompanying tabes. In more than 12 per cent. the syphilitic infection had been ignored during life. The author concludes, among other things, that these manifestations of florid syphilis indicate an earlier, and therefore more curable, stage of tabes. JELLIFFE.

SYPHILITIC EPILEPSY. J. T. Moore (*Journal A. M. A.*, June 10).

This is an account of a case of epilepsy occurring in a man 35 years of age who had suffered from an alleged fracture of the right frontal bone about five and a half years before, the epilepsy dating back about three years. Syphilis was denied. The convulsions began on the right side of the face and extended from there over the rest of the body. The focal symptoms did not warrant operation, and as there was some roughening of the tibia and some enlarged glands, he was given iodid of potash in gradually increasing doses. The attacks, however, became more frequent and severe, in spite of the use of bromids, chloral, etc., and in a few days he was put on 1-10 grain doses of bichlorid of mercury, with the result of rapid improvement and complete cessation of the attacks. Syphilis was suspected in this case because of the age at onset, the other symptoms strengthening the suspicion, which was fully confirmed by the results of treatment.

BRAIN HEMMORRHAGE. W. A. Dickey (*Journal A. M. A.*, May 13).

Dickey considers alcohol and syphilis the two most prominent causes of the arterial degeneration favoring brain hemorrhage; next to these comes chronic interstitial nephritis, and after these a multiplicity of other factors leading to arterial decay. Still another factor is required in all cases, namely, increased intracranial blood pressure, such as may be caused by muscular effort, indigestion, etc. Beside the prophylactic measures, such as quiet, avoidance of whatever may cause cerebral congestion, increased work of the heart, etc., he advises for the attack itself the use of powerful cardiac depressants, naming, in the order of their importance, aconite in full doses, veratrum viride, gelsemium and venesection. Gelatin