the injury. If detachments of the dura mater can be caused by contre-coup, as some observers have maintained, it should be the result of exhaust or suction at the moment when the brain recedes from the inner surface of the cranium. This so-called contre-coup detachment of the dura mater is said to take place only in the squamous region, where the dura mater is not so strongly attached to the bone as in other regions. F.H.P.

**Etiology of Trigeminal Neuralgia.**—(*Medizinische Neuigkeiten*, No. 50, 1893). Dr. Hoennecken states the well-known fact that lesions of the teeth may provoke trigeminal neuralgia. They are generally found carious or there are stumps and roots which irritate the root nerves, but again there may be an entire absence of any apparent anomalous abnormality of the teeth. The dental pulp in such cases is the part affected. This affection is liable to give rise to rebellious neuralgias; therefore, it is necessary to know how to diagnose and treat them. He relates several such observations of this class where, though the tooth was seemingly normal to the naked eye, yet on microscopic examination, the pulp was found to be hyperemic, or to contain calcareous concretions. Therefore, in cases of neuralgia, one should carefully examine each tooth, and if one be suspected, drill into it and examine it.—*Gazette Hebdomadaire de Médecine et de Chirurgie*, No. 3, 1894.

Dr. F. Busch, of Vienna, presents the following differential diagnostic points in the recognition of the two varieties of toothache: that from inflammation of the pulp, pulpitis, and that dependent upon periodontitis. Pulpitis is one of the chief causes of toothache. Cold drinks and cold air increase the pain, while warm ones do not affect it; it is not sensitive to pressure; the pains radiate into the upper branches of the trigeminal, passing into the temple, eye, ear, even into the entire head and back of the neck. It is often confounded with rheumatic pains, and is very prone to pass over into periodontitis. Periodontitis is characterized by increase of the toothache by warm fluids, the patient will hold cold water in his mouth to ease the pain; the tooth is very sensitive to pressure so that the patient can distinctly point out the aching tooth, while in pulpitis he may be uncertain, and is even liable not to know which is the aching one. The soft parts swell generally on the second or third day, and may be followed by suppuratio.
sation, as if the teeth were too long, is only observed in periodontitis; never in pulpitis. In pulpitis, the pain is intermittent; in periodontitis, remittent or continuous. In both conditions the treatment varies. In periodontitis extraction is the only efficacious measure, while in pulpitis a paste of arsenic and morphia soon kills the pulp and permits one to fill and thus to save the tooth.  

F. H. P.

CLINICAL.

**Hereditary Tremor and Chorea.**—*(La Medecine Moderne, Jan. 10, 1894).* Dr. C. Achard states that chorea develops in subjects with a neuropathic predisposition. In the case which he reports there was a transmission of a disease which differed somewhat from chorea, but which was similar and apparently transmitted from parent to child. The patient, aged nineteen years, had been affected with choreic movements for a month and a half; they were especially pronounced on the left side. With the choreiform movements there was an associated athetoid condition and generalized tremor. This observation goes to support Joffroy's view that not only does chorea develop in subjects with a neuropathic hereditary taint, but it is also an indication of a degenerescence affecting especially the motor system.  

F. H. P.

**Drs. Pierre Marie and Louis Guerlain** *(La Medicine Moderne, Feb. 10, 1894)*, report the cure of a case of myxoedema by the ingestion of the thyroid gland. The patient had been afflicted for eight years with symptoms of a severe type. The cure was effected in two months, with a diminution of the body weight of seventeen kilos. The recovery was complete in every way. The method of preparation and administration was: Take a lobe of fresh sheep's thyroid, hash it on a plate, pour some hot bouillon on it, and make the patient swallow it immediately. In regard to the dosage: one lobe daily at first; after three or four days, one lobe every other day, and later every three or four days.  

R. K. M.

**Dr. Rohmer** presented before the "Société de Médicine" *(La Médecine Moderne, Feb. 21, 1894)*, a child three years old with a fluctuating cranial tumor at the site of the right occipito-parietal suture, the size of a large walnut. There was a smaller one a little in front. The right eye-ball protruded; there was a bruit and pulsation over the tumors isochronous with the radical pulse. On compression of the right carotid, the eye-ball fell back.