AMAUROTIC FAMILY IDIOCY. M. Frank (Journal A. M. A., January 20).

Frank reports briefly a case of this condition, describes the characteristic fundus changes and reviews the literature regarding them. The characteristic ocular symptoms which remain unaltered through the course of the disease, consist in a nebulous grayish-white area surrounding the macula about three times the size of the disc, somewhat oval in shape, with the major axis horizontal, and gradually blending at the edges with the normal fundus. At its center, coinciding with the fovea but larger, is a clearly defined dark red or liver-colored spot. Surrounding this can be seen the tiny retinal vessels. Strabismus and nystagmus have been observed in some cases. There is no recorded regularity in the pupillary conditions. The other symptoms of the disease, the marasmus, the mental failure, and ultimate paralysis, together with the hereditary or family tendency are mentioned, together with the optic atrophy and blindness. Frank attributes the pathognomonic eye changes to swollen and degenerated ganglion cells rather than to an edema; the constancy of the phenomenon and the lack of veiling of the vessels are against edema. He summarizes the cases reported up to date, 54 in all, with 22 others referred to. Where race data were given the great majority are Jews. There have been 12 post-mortems, and in 6 cases the eyes were microscopically examined.

HYDROTHERAPY IN EPILEPSY. Guy Hinsdale. (Journal A. M. A., January 20).

The author reviews the literature regarding hydrotherapy in the treatment of epilepsy. In this country attention was first called to its value in this disease by Dr. Simon Baruch and the late Dr. G. W. Foster, of the Government Asylum for the Insane. Systematic treatment by this method is being instituted in the New York State Asylum for Epileptics at Sonyea, and the results are looked for with interest. Hinsdale believes that, as warm baths aid in the therapeutic administration of the iodids, they will also aid in the administration of the bromids. To some extent the treatment must of course be individual, and more benefit might be expected in cases of so-called idiopathic epilepsy, alcoholic epilepsy and in cases arising from intestinal intoxication than in focal or traumatic epilepsy. The difficulties in private practice also would be greater than in institutions, as long-continued, systematic treatment and unbounded patience will be required. Its value will be as an auxiliary method, modifying the dosage and aiding the action of the bromids. It will also be an excellent hygienic measure, favoring the action of the skin and improving the general tone of the system.

TRAUMATIC DEGENERATION AND REGENERATION OF THE SPINAL CORD.

That partial regeneration of the spinal cord seems to occur appears to have been established in Stewart's case, in which he sutured the cord after it had been completely severed by a bullet, and in the case recently reported by Dr. George R. Fowler before the American Medical Association. A timely experimental investigation of this subject has been made by A. Fickler (*Deut. Zeitsch. f. Nervenheil*, July 13, 1905), who experimented on the lower animals. He subjected these to various traumatisms, involving the spinal column and cord, and also studied the result of action of part of the latter. His conclusions are as follows: There is no doubt of the occurrence in man of a transient paralysis of the spinal cord from trauma, without any injury of the spinal column or gross changes in the cord.

The protection afforded by the muscles, spinal column, veins and fatty tissue, together with the dura, is considerable. The same clinical picture can be produced experimentally in animals. The concussion imparted to the cord is a swinging movement. The paralysis is not the result merely of the concussion, but is the result of the milder form of contusion of the cord; the resulting total paralysis and the rapid recovery from the same are to be explained on the basis of variations in the axis-cylinder, and not of molecular alterations. The lesion in the cord is circumscribed, and