in adults, in whom lightning pains appear as the initial symptom in about 62 per cent., whereas in children they occur in about 50 per cent. In all the juvenile cases incoördination was slight, and ataxia marked in only two of them. The authors consider the disease in children or adolescents as dependent on syphilis, and that this is at least probable even where no history of syphilis can be obtained. The authors are not prepared to assert that juvenile tabes implies necessarily a neuropathic organization as a concomitant of the specific toxin, but have noted sometimes in the family history of these patients epilepsy, tabes or general paralysis. They look upon tabes as an exceptional manifestation of the spinal affections resulting from hereditary syphilis, the diffuse form being more common.

JELLIFFE.

LEAD POISONING. Joseph Sailer and John M. Speese (Journal A. M. A., May 13).

The authors examined the gastric contents, after test meals, in 12 cases of lead poisoning, and report the findings. The stomach contents were tested for lactic acid, free HCl and amount of pepsin present. In all cases a microscopic examination was made for the Oppler-Boas bacillus. Their conclusions are as follows: 1. In a series of 12 cases of lead poisoning, or of suspected lead poisoning, deficiency in the secretion of HCl was noted in 10 of the chronic cases and was not observed in 2, one of which was doubtful and the other acute. 2. This deficiency in the secretion of free HCl in the majority of cases is associated with an extreme reduction in the percentage of peptic digestion, and with the presence of lactic acid. 3. It is not justifiable at present to regard it as an indication for treatment, at least not until the effects of the ordinary treatment for achylia gastrica in cases of lead poisoning have been tested. The authors have found no similar studies in the literature, which they consider rather remarkable in view of the pronounced gastric disturbances produced by lead poisoning.

AUTOPSY FINDINGS IN EPILEPSY. B. Onuf (Journal A. M. A., April 29).

Onuf reports the results of careful autopsies on 16 epileptics at the New York State Institution for Epileptics. In 12 cases there were valvular changes of the heart most frequently of the mitral valve (80 per cent.), less so of the aortic and still less frequently of the tricuspid valves. These he considers generally as secondary results of the special strain due to the major epileptic attacks. Capillary changes, tortuosity and aneurismal dilatations were observed in several cases, and were attributed to the same causes. In eight of the cases where the lungs were examined there was acute pneumonia as a contributory cause of death. The cerebral changes were very striking. In 10 cases there was a marked thickening of the pia, chiefly over the frontoparietal lobe. In other cases there were vascular lesions, circumscribed atrophy of one frontal lobe, subdural hemorrhage (one case), internal hydrocephalus (one case), cerebellar cyst (one case), and shrinkage of convolutions of vermis and adjoining cortex (three cases). The most striking changes, however, were noted in the thalamic region. These were in the nature of atrophy, sometimes the pulvinar, sometimes the other portions being most markedly affected. There was also an apparent discrepancy in the proportions of the geniculate bodies. Onuf discusses the possible relations of these thalamic changes to the epilepsy, but does not venture to express an opinion as to whether they are directly connected with the seizures or are only part of a general pathologic condition of the brain. He suggests that there was probably an optic atrophy in some of these cases, and hence the importance of fundus examination in epileptics. The importance of good clinical histories in these cases is also emphasized.