1. Early and spontaneous beginning (five years old).
2. No similar case in the family. Two other children seem to have had encephalitis.
3. Static ataxia and cerebellar gait, and slight disturbance of co-ordination in upper extremities.
4. Increased tendon reflexes and tendency of the muscles to rigidity.
5. "Explosive" manner of speaking.
6. Slight insufficiency of single external eye muscles. No nystagmus; no optic atrophy; no disturbance of pupils.
8. Intelligence normal.

In Case No. IV. the symptoms developed in a child seven years old, after it had an attack of measles.

The 5th and 6th cases which the author publishes are meant to demonstrate that a similar symptom complex may be the residuum of an acute disease of the brain.

Case V.—Male, 20 years old, without family or hereditary predisposition, developed in his twelfth year after the termination of a disease in which cerebral symptoms predominated :

1. A locomotor disturbance of co-ordination of the four extremities, which varied from an ataxia to a treuor. Static ataxia.
2. Speech disturbance of a phonetic character, dependant upon a similar inco-ordination of the speech respiratory muscles.
3. Insufficiency of the external eye muscles, normal pupils and normal optic nerve.
4. Moderate defect of intelligence.
5. Liveliness of tendon reflexes; slight muscular rigidity.
6. Absence of sensory or bladder disturbance.

Case VI. is very analogous to Case V.

The author's conclusions are as follows : The disease developed in these patients without any hereditary condition existing in the family. It may follow a disease of the brain, as we have seen it after a sun-stroke. The most important symptoms are :

1. Ataxia of station and locomotion, ataxic inco-ordination of the extremities (not pure), of the trunk and phonating speech muscles, with intact power of mimicry.
2. Insufficiency of the external eye muscles, with normal condition of the pupils and absence of nystagmus and change in the optic nerve.
3. Increase of patellar tendon reflex without accompanying rigidity of the muscles.
4. Absence of disturbance of sensibility and absence of sphincter disturbance.
5. Intactness of the intelligence.

The symptoms in one of the patients which the author details reached a standstill. Nonne is of the opinion that we have in these cases to deal with the sequences of an affection of the brain, the result of some toxic agency, of exogenetic origin.

He thinks it possible also that further experience will show, now that attention has been called to it, that the symptom complex here described is not so infrequent as one might think, and especially that isolated cases will be found in families in which there is no other nervous trouble.

J. C.

Chloroform Anæsthesia Produced During Sleep.—Dr. R. Gurriere (*Rivista sperimentale di freniatria, etc.*).

G. has repeated the experiments of Dolbean, the purpose of which was to find out whether chloroform vapors could be administered to a person physiologically asleep, and whether anæsthesia could thus be produced without awakening the sleeper. While Dolbean had experimented upon individuals affected with somatic diseases, G. performed his experiments upon persons who, being perfectly healthy somatically, had

passed through some mental disease but were cured so that their discharge could take place a short time after the date of the experiments.

The technic was to begin the administration of the chloroform very cautiously. A handkerchief drenched with chloroform was first kept about three inches from the nostrils then gradually approached. If reflex movements or wiping off the nose with the hand followed a short interruption was made. The patients were not informed what was going to be done with them, all possible precautions were taken not to make them suspect anything.

The result of the experiments was positive in four cases out of nine examined ones. In one of the five cases with negative result it had been observed that the cause of the failure was probably too light, superficial sleep. The precaution was then taken to give this person, without his knowledge, one-twelfth grain of morphine some hours before bed time. The chloroform narcosis was then tried again during sleep and this time successfully, so that actually the result was positive in five out of nine cases.

The narcosis was pushed only so far that it could be ascertained that the subject in question was anaesthetized. Although it could have been done, the author did not want to reach the degree of anaesthesia required for surgical operations, he pushed the narcosis so far, however, that no doubt could be entertained as to its anaesthetizing effect, the limbs were perfectly relaxed, flapping the body and making noise did not awake them, only by strong shaking they finally awoke, but did not remember that they awoke during the night when asked the next morning, and had not the least idea that chloroform had been administered to them.

The result of the experiments is important from a medico-legal point of view, as it proves the possibility of anaesthetizing a person during sleep for criminal purposes.

ONUF.

Trinitrin in the Treatment of Sciatica.—(*Journal de Med. de Paris*, April 21, 1895).

Dr. Mikhalkine, of Nijni-Novogorod, has had occasion to test the anti-neuralgic properties of trinitrin (nitro-glycerine) in three cases of inveterate sciatica which showed themselves absolutely rebellious to such remedies as antipyrine, phenacetine, acetanilide, chloral hydrate, the bromides and other analogous preparations.

Under the influence of nitro-glycerine two cases were radically cured of their sciatica, and in the third case marked improvement took place. The trinitrin was administered either in the form of a one per cent. solution in alcohol, of which the patients took three drops daily, or in the following mixture :

R	1% alcoholic sol. trinitrin,	5.0.
	Tr. Capsici	7.5.
	Aq. menth.	15 0.

Dose. 5 to 10 drops, three times daily.

MEIROWITZ.

Acromegaly.—E. L. Bullard, M.D. (*The Med. and Surg. Reporter*, April 27, 1895).

After discussing the history, symptomatology, pathology, and differential diagnosis of acromegaly, the author gives the history of a woman affected with this disease, who presents the following characteristics : The ears, nose, lower lip, tongue, inferior maxilla, hands, feet, clavicles, ribs, sternum, patellae, and pelvic bones are enlarged. There is prognathism to the extent of about one-half inch. The neck is short and thickened; the thyroid gland is enlarged and cartilaginous, the right side thereof being the larger of the two. There is pulsation in the veins of the neck; cervico-dorsal kyphosis is marked and increasing. Her former weight was 127 pounds, it is now 214. Her height is five feet, and the length of the foot (which ordinarily bears the relation to the height of one to six) is eleven inches, or one to five and a half.