diagnosis, the following conditions are noted and excluded, because of the unusual symptoms which are present, bulbar paralysis, assthenic bulbar paralysis, pseudo-bulbar paralysis, polio-encephalitis, and poliomyelitis with bulbar symptoms. The peculiar symptoms in this case are, first, rapid onset; second, development in infancy; third, absolute stationary condition for twelve years; fourth, the sensory symptoms, in addition to the motor. The author found a number of cases in literature which approach this one in regard to symptomatology; these are given various names, as acute poliomyelitis with anomolous distribution, bulbar encephalitis, etc. The absence of degenerative atrophy on one hand, and the existence of sensory symptoms on the other, prove that in this case there is no analogous condition to that of acute poliomyelitis. It is more probably a condition of acute bulbar meningitis, lasting only a short time, but causing permanent destruction of the nerve fibers in the neighborhood of the bulbar nuclei.

SCHWAB.

ON OPERATING ON THE SUBJECTS OF EXOPHTHALMIC GOITER. J. Delpratt Harris (British Medical Journal, May 4).

The patient, a female, aged forty-six, with advanced exophthalmic goiter, died sixty-eight hours after the removal of a cystic tumor of the left breast. Death was apparently due to collapse. Harris deprecates serious operations when complicated by exophthalmic goiter, but when absolutely imperative advises that a course of treatment with remedies of the digitalis class should precede.

WITMER.

TREATMENT OF ARSENICAL NEURITIS. Judson S. Bury (British Medical Journal, Dec. 8, 1900, p. 1629).

As physician of the Manchester Infirmary, the author has had exceptional opportunity to see numerous patients by reason of the recent epidemic of arsenical poisoning at Manchester. Heretofore some seventy to eighty cases were on record, but this epidemic affected thousands. In the treatment followed at the Infirmary, the absolute withdrawal of the cause, beer, was enforced, both because of the arsenic and of the alcohol. Rest in bed is advisable. Massage is distinctly contraindicated. For the relief of the pain hot fomentations are excellent. These are best applied intermittently, a fomentation placed on the affected part for one-half hour and then applied after a lapse of four hours. Vapor baths are of value if the heart action is not affected thereby. Potassium iodide and the salicylates, alone, or in combination, are effectual and the newer analgesics, antipyrin, and phenacetin are valuable in many cases. Strychnine should never be used in the acute stages. The importance of careful nourishment was demonstrated very forcibly. Boiled milk, beef tea, beef extracts, broths and soups are valuable. Peptonised foods are indicated for gastric irritability and at times nutrient enemata are necessary. After the acute stage is over, massage, electricity and tonics are efficacious. Cod liver oil and strychnine are useful, but arsenic is to be avoided.

JELLIFFE.

MEDULLARY NARCOSE (Spinal Anesthesia). H. Vulliet (Therap. Monatshefte, Dec. 1900).

In operation below Poupart's ligament, including the genital organs the patients invariably complained of numbness and formica-