perhaps also tends to eliminate some of the toxic material which tends to accumulate in the blood of these "acid" patients. At any rate the use of the hot-air bath is of great service not only during the process of reducing the morphine but also afterwards. It is very important that as the morphine is reduced the patient should be kept to a strictly moderate and as a general rule a non-alcoholic régime. The tendency is for these patients, as they recover, to eat too much, which again brings on hyperacidity, and this in turn leads to a renewal of the craving. To prevent this a simple life with a fair amount of exercise and the regular use of Turkish baths is to be advised. The great thing is to get rid not merely of the morphine but of the craving for it; and this cannot always be done by strength of will, by good resolutions, or even by subjection to restraint, unless attention be paid to the conditions which lead to the desire for the drug, and also to the discomforts which follow the cessation of its use.

JELLIFFE.

DIE JUVENILE FORM DER PROGRESSIVEN PARALYSE (Juvenile Form of Progressive Paralysis). J. A. Hirschl (Wiener klin. Wochenschrift, No. 21, 1901, p. 515).

During the last ten years twenty cases of juvenile paretic dementia have been observed in Krafft-Ebing's clinic. The age of twenty years is taken as the dividing line between the paresis of youth and that of adult life. Hirschl, who reports these cases, has found that in juvenile paresis hereditary syphilis and neuropathic taint are very common. In seventeen of the twenty cases hereditary syphilis was definitely shown, and in another case it was probable. Nine cases occurred in mentally deficient children. Twelve were in males and eight in females. The disease in these twenty cases began between the ages of eight and twenty years. Most of the patients had not reached puberty; as nine of the males and five of the females were sexually undeveloped. The average duration of the disease was three years and three-quarters, although two cases lasted seven years.

SPILLER.

REPORT OF A CASE OF CEREBELLAR TUMOR: DEATH; AUTOPSY. D. A. K. Steele (The Chicago Clinic, vol. xiii, No. 1).

The patient was a boy of thirteen. At the time of birth he was almost asphyxiated, being resuscitated after considerable effort. No instruments were used. At the age of four years he had malarial fever. When six years old he manifested abnormal nervousness. This passed off in about six months. When about eight or nine years old he suffered from severe epistaxis, and in his eleventh year he had what were called bilious attacks. The contents of the stomach were ejected with great violence. It was supposed that he was suffering from toxemia due to bile absorption, which caused the headaches, jaundice, nausea and vomiting. The mother noticed a slight unsteadiness in the gait, but this was not marked until he was about twelve years old. The eyes were slightly affected, so that he held his book to the left in reading, and noticed spots before his eyes; also complained of diplopia. He was confined to his bed, had very little pain, lay in a semi-comatose condition, had little or no vomiting. When he began to recover he remarked that all the days seemed dark. The sight was tested and it found that he could not count the fingers. This was after he had been ill for three or four weeks, and there was considerable bile in the blood and urine. His gait began to be more unsteady, the unsteadiness gradually in-

creasing until four weeks before he was brought under observation, when he was perfectly helpless. He had severe vomiting, preceded by nausea and markedly of the projectile variety, the matter ejected being merely mucus without bile. Often in the night or during the morning he complained of most fearful headaches, which were frequently accompanied by vomiting. The headaches were referred to the forehead, but seemed to radiate more or less over the whole head.

When he entered the hospital the gait was very unsteady, tottering and irregular, ataxic in character. His head had always been large. When examined he seemed fairly well nourished, had exaggerated ankle clonus, more marked in the left foot than in the right; coördination greatly impaired. Terrific headaches following vomiting spells; totally blind; pupils dilated; hearing nearly normal; smell impaired, but various odors recognized; taste normal; touch somewhat blunted. No appreciable nerve impairment in either auditory nerve. Double optic atrophy. Secondary congestion of veins had lessened, and they were smaller than normal while arteries were threadlike.

An X-ray photograph did not give anything definite. As the symptoms of the boy grew worse, there were involuntary evacuations from the bladder and bowel, and an increase in the severity of the headaches. Trephining was done over the right frontal lobe to relieve the intracranial pressure. As it was not considered justifiable to remove the cerebellar tumor, an opening was made about half an inch to the right of the median line, well in advance of the motor area. After exposing the brain, a needle was passed downward and backward through the brain tissue, and at the depth of about an inch it entered a free cavity. When in the free cavity fluid escaped, and it seemed that the needle had entered a cyst. The fluid was clear, saline, normal, cerebrospinal fluid. After the withdrawal of two or three ounces, the needle was taken out and brain was incised. It was found that the cyst was really a greatly distended lateral ventricle due to internal hydrocephalus. After the escape of eight or ten ounces of this fluid, the ventricle was packed with strips of iodoform gauze. The boy did well for thirty-six hours, when high temperature developed and he died.

At autopsy there was found to be a cerebellar tumor situate in the left hemisphere of the cerebellum close to the median line and pressing upon the right and middle lobes of the cerebellum. Microscopical examination showed the typical structure of a glioma, quite vascular in character.

JELLIFFE.

ZUR KENNTNISS DER LEUKÄMISCHEN ERKRANKUNG DES CENTRALNERVENSYSTEMS (Leucemic Affection of the Central Nervous System). R. Spitz (Deutsche Zeitschrift für Nervenheilkunde, 1901, xix, 5 and 6, s. 467).

The author reviews the literature of nervous affections in leucemia and gives the anatomical findings in a case examined by him. The changes in the nervous system are somewhat different in acute and in chronic leucemia. In the former consisting mainly of hemorrhages and cellular aggregations (lymphomata), and in the latter of sclerotic or softened foci. The case examined by him was an acute one, that of a woman of forty-seven years, dying after an illness of about five weeks. The macroscopic changes were practically negative, but upon microscopical examination extensive lesions were revealed. These consisted in the main in multiple foci and changes in