

viving children is very nervous and eholoric, and has had mild attacks of convulsions confined to the eyes. Another child who had three attacks of convulsions, hallucinations and vertigo, died of diphtheria. Still another had night terrors, but otherwise was well. There was one miscarriage, due probably to a fall. The authors think the preceding record of progeny should be a sufficient deterrent from marriage of an epileptic. CLARK.

NEW CRANIECTOMY INSTRUMENTS. L. Gigli. (Centralbl. f. Chir., Dec. 1, 1900).

The author claims the following advantages for his new craniectomy set: Simplicity, ascpsis, rapidity, certainty and universal application. It comprises a special boring mill, curved hollow sound with traveling hook on a wire running in its center, and a thread carrier. The borer consists of a large, deeply-corrugated, horizontally-placed handle for the left hand to grasp. Through the body of this handle passes a short shaft horizontally and at right angles to the same. On this shaft plays a cogged pinion with the usual handle for turning it. The shaft which carries the drill is vertical to the foregoing, and at its top has a small wheel meshing with the drive wheel. The depth of the hole is fixed by an adjustable guard whose face is across the axis of the drill. The cleanest and most rapidly-drilled holes are given by the ordinary carpenters' auger-bit with a central screw center, and two lateral cutters. The diameter of the holes is best four to six millimeters. The curve of the sound is such that it can be passed through such a hole, between the dura and the bone and the position of its point is estimated from the direction and place of its handle. A little beyond this point the next hole is to be drilled. The thread-carrier is made of two small curved, hollow staffs opposed to each other along their long axis, and hinged at two places. At their center is a device by which the points may be separated or approximated, and at the end of the shank is the handle which fastens off the thread. This starts down one staff out of its point, across to and into the point of the other, and so back to the handle. With the thread in position when the points are separated, it passes straight across the interval and where it is easy of access by the traveling hook of the hollow sound. Through the second hole the thread-carrier is therefore passed and opened. The hook soon finds the thread and pulls it through the first hole with the wire saw following. Then the cut through the bone is made. The rapidity and very slight loss of substance of the bone commend it greatly. JELLIFFE.

HEILUNG EINES FALLES VON EPILEPTISCHEN IRRSINN (Recovery in a Case of Epileptic Insanity). Edmond Rose. (Deutsch. Med. Wochens., Oct. 18, 1900).

The patient was a strong boy; parents, brothers and sisters all healthy with the exception that the mother had epileptic attacks from childhood. Her own ancestry however, was not neuropathic. A year or two before the date of narration, the patient received a blow on the forehead. The boy who had always been perfectly well, had a convulsion a few days after this accident. The attacks were repeated with great frequency, and in six months the patient who was but six years old at the time, appeared to have lost his intellect. He became violent and destructive and had as many as eight daily attacks. On admittance to the Bethany Hospital, he showed his com-

plete abeyance of intellect by passing urine and feces in bed, etc. His attention could not be aroused. He would not look at pictures handed him, but immediately destroyed them. He was speechless. The patient was trephined in the seat of the old scar. The latter was not adherent, and there was no anomaly on the inner side of the inner table. The outer surface of the dura was unchanged. It was opened and the brain was seen to be sound. There was no escape of cerebro-spinal fluid. A hypodermic needle was thrust into the brain, but no foreign body or collection of fluid could be reached. The wound was therefore closed. No operative reaction followed. The patient appeared to be benefited by the operation. He often went over a week without an epileptic attack, and as he continued to improve, Rose recommended his return to his family, where after several months, the boy was completely restored to sanity and attended school. Rose is certain that it was not a case of hysteria, and that the aperture may have acted as a safety-valve. CLARK.

LEHRE VON DEN ALKOHOLISCHEN AUGENMUSKELLÄHMUNGEN (Contribution to the Theory of Alcoholic Ocular Palsies). E. Raiman. (*Jahrbücher für Psychiatrie und Neurologie*, Vol. 20, No. 1, 1901, p. 36).

The ophthalmoplegias of alcoholics can be thought of as arising in two ways: first, through an affection of the ocular nerve, that is a neuritis, as part of an alcoholic multiple neuritis. This form is rare. Second, the pathological process can be localised in the territory of the nuclei of the ocular muscles or in their neighborhood. In so far as this process is to be considered as an inflammation, it is known as poliencephalitis superior (Wernecke). This form can be acute, chronic, subacute, with a prognosis always doubtful. The differentiation of these two forms may be very difficult, or even impossible, especially when it is considered that a peripheral and a central process may coexist. In an alcoholic, where symptoms of a bilateral abducens paresis and reactionless pupils were present, the autopsy showed the following changes: hemorrhagic process limited strictly to the central grey of the posterior portion of the third ventricle, aqueduct of Sylvius, and the fourth ventricle. The process can be called acute hemorrhagic polioencephalitis superior. Although only twenty-three cases of this disease, with accompanied ocular symptoms in alcoholics have thus far been described, the author believes that they are by far more common. Although the clinical variations are numerous, yet the occurrence of a trias, mental symptoms, ocular muscle paralysis and polyneuritis are found sufficiently often to be regarded as more or less typical. The author closes the article with the following summary of his views on the subject: If more attention is given to the study of the ocular paralyses of alcoholics, the number of cured cases of poliencephalitis superior will be found increased. The occurrence of ocular paralyses among alcoholics is much greater than is commonly supposed. The paralysis can have a practical and differential diagnostic value. In most cases, if not in all, the ocular paralyses of drinkers are to be regarded as due to processes of central origin. SCHWAB.

THE SELECTIVE ACTION OF TOXINS ON NERVOUS TISSUES. F. Mott. (*Lancet*, Jan. 26, 1901).

Dr. Mott says that what is spoken of as the "new neurology"