

gether with these symptoms, there was a gradual mental and moral deterioration and final dementia. There were 11 patients with chronic mixed (cocain and morphin) intoxication; in these the special hallucinations of cocainism were observed, but what particularly characterizes these mixed cases is the more rapid development of the mental and moral reduction. The effects of sudden and rapid withdrawal of the drug are described. Gordon concludes, from his observations, that any attempt to find in acute or chronic morphinism and cocainism any of the well-known forms of psychoses will be futile. When, also, we compare intoxications from other sources we do not find any essential difference. Each agent may add a new special symptom, like the tactile hallucinations of cocain, but the fundamental syndrome remains the same. The chronic forms all lead to ultimate dementia.

STARR, "Epidemic Infantile Paralysis." *Ibid.*

Starr gives an account of the epidemic of infantile paralysis in New York City and vicinity in the summer of 1907. It began about May, the number of cases steadily increasing until it reached its height in August and September. Cases continued to appear in October and some were reported as late as December. The summer was warm and unusually dry; other infectious diseases were not particularly prevalent. It is estimated that 2,000 cases occurred in this epidemic with a mortality of probably from 6 to 7 per cent. Attacks of diarrhœa preceded the attacks in many cases, but it was impossible to trace any connection with the water or milk supply in this epidemic. The symptomatic picture was in some cases that of poliomyelitis of the ordinary type; in other cases, of poliomyelitis with bulbar paralysis; in others, of poliomyelitis with polienccephalitis of Wernicke. In a few cases there was true infantile hemiplegia, and this seems to have been more common last summer than usual, suggesting that the infectious agent attacked the cortical motor nuclei. Pain was a symptom particularly prominent in this epidemic. In many cases in which the arms were involved the respiratory muscles were also affected and when death occurred it was more from respiratory paralysis or heart failure than from any febrile affection. The acute onset usually subsided in a week or ten days and improvement was noticed beginning at the end of the second to the fourth week. In the great majority this has continued, and as a rule is likely to go on for two years. In many cases, in which the paralysis was not very intense, but still marked, there was a complete recovery, and the frequency of such abortive cases was rather unusual. On the other hand very rapidly fatal cases occurred, the mortality reaching the unusual figure of about 7 per cent. The paper includes a biologic study of the cerebrospinal fluid in