

atrophy, this could no longer be maintained, and that sclerosis occurred to a marked extent. Such sclerosis existed even in the opposite side of the spinal cord, and it was interesting to note that in a case of amputation of the thigh the sclerosis was most marked in the cervical portion of the cord.—*Brit. Med. Jour.*

PRIMARY CANCER OF THE FALLOPIAN TUBE.

Mercelis (*New York Medical Journal*) describes with great care the pathological and clinical history of a case of this affection. The patient was over 35, she seemed to make herself out as younger than she really was; she had been married twice, the second time within three years before observation. She had suffered from lead colic, but later on had three attacks resembling peritonitis. The third attack occurred eighteen months before Mercelis saw her. Menstruation had been irregular and frequent. The diagnosis of early pregnancy and pelvic tumor was made at the third attack, then the swelling subsided. There was pain for fifteen months in the left side, back, and both legs. There was an elastic tumor of the size of an orange to the right of the uterus and behind. Cushier operated in November, 1894. The tumor, or distended right tube, adhered to uterus and intestine; it was removed, as were the left appendages. In June, 1896, recurrent carcinoma was detected in the pelvis; no operation could be done. The tube was carefully examined, and has been re-examined. It was found to be the seat of primary cancer which had invaded the adjacent ovary as in another case described in 1888, but as in that instance the cancer in the ovary was without doubt secondary.—*Brit. Med. Jour.*

MYASTHENIA GRAVIS.

Edwin Bramwell (*The Scottish Medical and Surgical Journal*) describes a case of this disease, the most prominent symptom of which is the facility with which the muscles become fatigued by voluntary effort. A voluntary movement, which is at first perfectly carried out, becomes rapidly feebler each time it is repeated; finally, if persisted in, all power of performing the movement may be temporarily lost. A variable degree of persistent paresis is often present in the affected muscles. The rapidity with which the muscles become fatigued by the faradic current is especially characteristic of this disease; the term myasthenic reaction has been given to this condition. The disease is probably due to a toxin of endogenous origin, and the seat of the lesion in the motor nervous system, probably in the lower motor neuron. Some cases improve, but the disease is often fatal. No specific treatment is known, but the author suggests a number of palliative measures.—*Medical Record.*

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