spasms in the muscles, great fear and agitation of impending danger, hallucinations of sight and fearful images of dangerous objects. It was clearly a case of coffee intoxication, as the patient had not used liquor. The writer states that he had seen two persons who had been mildly intoxicated by the excessive use of coffee. The kneel-jerks were exaggerated, and the sensation perfect.

HEREDITARY SYPHILIS AND GENERAL PARESIS OF THE INSANE.—Dr. Edward H. Williams, Matteawan State Hospital, Fishkill Landing, N.Y. (*Medical Record*, December 5), remarks that in cases of general paralysis of the insane, the history of direct syphilitic infection, together with a life of dissipation and excitement, is so often found that the disease has come to be generally credited to primary syphilitic infection, or closely associated with it. The general temperament of paretics, their past history, and their symptoms are almost the same in all. There is positive proof of primary infection in seventy-five per cent. of these cases. These have usually been the typical man of the world, ambitious, fond of society and high living, a light sleeper and a heavy drinker. In a minority of cases the above past history may be wanting. But when examined with care they are found to present the stigmata of hereditary syphilis. These persons are often dull minded and sluggish. They are in no sense of the typical paretic temperament. It is pretty well settled that seventy-five per cent. of all paretics have had primary syphilis. Of the remaining twenty-five per cent. many have the marks of hereditary syphilis.

TENDON GRAFTING IN DEFORMITIES FOLLOWING INFANTILE PARALYSES.—Dr. Samuel E. Milliken, of New York (*Medical Record*, November 28), reports some cases where he had operated with the object of correcting some of the deformities following infantile paralysis. The tendons of paralyzed muscles are attached to portions of the tendons of healthy muscles. When a whole group of muscles are paralyzed, a healthy muscle of the proper origin must be transplanted and given the insertion of the paralyzed group. When only part of the group is paralyzed, tendon grafting should be adopted so as to make the healthy muscles do the work of the group. Kangaroo tendon is the best material for the muscles, tendons, and their sheaths. The skin is closed with interrupted catgut sutures and sealed with cotton collodion. The immobilization of the limb is best secured by plaster of-Paris splint. The best results can only be obtained in young subjects, where the benefit is gained from the growth of the muscles.