

Marie cerebral edema caused the symptoms. Equally he regards the psychical symptoms caused by toxic polyneuritis, caused by edema gravidity psychosis; abortus provocatus; recovery. H. Treub relates the case of a young woman, thirty-one years old, who had from the beginning of the gravidity hypochondriacal ideas. She was convinced that she would give birth to a monster. She made several attempts at suicide. She would not take any food, in order to prevent the monster from growing. Although generally psychiatrists do not expect any effect from abortus, in this case Winkler and Treub decided to do abortus provocatus with laminaria. Within two weeks she completely recovered.

MUSKENS (Hague.)

TRAUMATIC ABSCESS OF CEREBRUM. Ernest F. Robinson Annals of Surgery, November, 1904).

A case of attempted suicide produced the following results: A wound from a 32-caliber revolver behind the right ear, shattered the petrous portion of the temporal bone. The patient survived, and paralysis of the right side of the face, and inability to close right eyelids, due to injury of the seventh nerve, persisted. Six weeks after the injury she was found to be suffering from frightful headache over the right side of head, forehead and eye. Her mental faculties were decidedly dull or delayed. She was mildly delirious at times. Her temperature was subnormal, and her pulse was slow but weak, at 52 per minute. The pupils were markedly unequal, the right dilated, but reacted slowly to light. Nystagmus was not present. No changes in the fundus could be detected. The patient had vomited. The tongue deviated markedly to the left side. An abscess of the temporo-sphenoidal lobe had developed, either from an infection or from devitalizing an area of brain substance. Operation and aspiration discovered pus, which was drained, and a tube left in for a short time. Recovery was uneventful and rapid.

NOYES (New York.)

FRACTURE OF THE BASE OF THE SKULL. George L. Walton (Annals of Surgery, November, 1904).

1. In the majority of the cases the basal fracture resulted from impact received in the horizontal plane of the skull, whether upon the frontal or the occipital region or upon the side of the head. 2. While certain of the basal fractures extended from the vertex, there was no suggestion of the *contre-coup* of earlier writers. 3. The line of fracture tended to enter the fossa nearest the point of impact, and to extend in the general direction in which force was applied. 4. The lines of fracture in traversing the base tended to follow lines of least resistance, and in twenty-two of the fifty cases these lines corresponded more or less accurately to those indicated by Rawling, but the exceptions were too marked and too constant to allow the establishment of fixed rules. 5. The sella turcica was implicated in thirty-six per cent. of the fractures. The petrooccipital and masto-occipital sutures furnished lines of least resistance. Fractures extending across the base tended to run parallel to the petrous portion of the temporal bone and through the sella turcica. Certain blows on the occiput tended to cause a line of fracture extending to the jugular foramen or across the petrous bone. The portion of the petrous bone containing the auditory apparatus showed itself peculiarly liable to fracture, more often transversely than longitudinally. 6. In seven cases (fourteen per cent.) the fracture was limited to the base after vault impact in the horizontal plane. Neither Rawling's theory of transmitted force nor the theory of bursting fracture of von Wahl and others suffices alone to explain these cases. The results of experimenting with bodies of simpler structure would suggest that the bursting principle predominates in pure compression of the skull, and the principle of transmitted force in case of blows, while both play important

parts in case of falls. 7. The orbital foramen was implicated in 21.4 per cent. of the cases of orbital fossa fracture. 8. Inequality and immobility of pupils, or both, furnish the most frequent and unfavorable sign of fracture of the base. In the forty-four cases in which the pupils were recorded, they were normal in only thirteen. 9. Injury to the ciliospinal tract in its intracranial course is a more probable cause of the Hutchinsonian pupil and the other pupillary changes than injury to the third nerve or to the cortex, though no single lesion explains all cases. 10. The reflexes may be lessened or lost in fracture of the base, as in any case of violent jarring of the brain. On the other hand, they may be increased even to spasticity, probably through direct pressure on the pyramidal tract as by hemorrhage. It is probable that the initial result of the impact in all cases is a tendency towards lessening or loss of the reflexes. 11. Profuse and persistent bleeding from the ear does not suggest middle meningeal hemorrhage. No middle meningeal hemorrhage was found in the cases of profuse and persistent bleeding, and, conversely, hemorrhage from this artery occurred eight times without, and once with only slight, bleeding from the ear.

NOYES (New York.)

POLYNEURITIS. L. Harrison Mettler (Medicine, July, 1904).

Author states, as a result of the increasing number of observations revealing central as well as peripheral lesions in multiple neuritis, the opinion is fast gaining ground that in the toxic and infectious case, at least, the peripheral degeneration is dependent upon the central damage, organic or functional, of the nutritive cell bodies of the respective neurones. In other words, the peripheral changes are secondary in very many of the cases, at least, and are poliomyelitic in origin. Many conservative pathologists still believe, however, that there is a direct effect of a destructive character exerted upon the peripheral nerves by the toxin simultaneously with the effect of the same poison upon the central elements.

J. E. CLARK (New York.)

THE REFLEXES IN ALCOHOLISM (Deut. Med. Woch. No. 2, 1904).

Gudden has described a slow reaction of the pupil in acute alcoholism. Kutner has noted the condition of loss of muscular tone and tendon reflexes in the same condition. In cases under his observation transitory disturbances of consciousness and fixed ideas were noted. Typical epileptic attacks and hemiparesis were seen. In all these cases the reaction appeared after a relatively small amount of alcohol had been taken, and sometimes when they had been abstemious for some time. Sometimes the knee-jerks were increased, indicating central irritation. In all these cases of intoxication a marked increase of the passive mobility of the limbs, hypotonia and feebleness of tendon reflexes were noted. Skin, plantar and abdominal reflexes were variable. The corneal and conjunctival reflex were constant.

NOYES (New York.)

OVERWORK AND MYASTHENIA GRAVE. PEL (Berlin klin. Woch. No. 25).

The author observes that myasthenia, with or without bulbar paralysis, is found to be related to the morbid phenomena of hysteria, with the cardinal symptoms of grave neurasthenia, or with the cerebral or spinal symptoms of multiple sclerosis, and with syphilis of the nervous system. He publishes a case where neurasthenic phenomena predominated. Concerning atrophy of the tongue, he states that muscular atrophy does not of necessity belong to grave myasthenia, and the lack of reaction of degeneration is characteristic. Atrophy of the muscles of the neck may occur. Oppenheim suggests the term of myasthenia pseudo-paralytica. Overwork of certain muscles is the chief cause of the disease.

NOYES (New York)