brain do not get anything from the subarachnoid space, in this case, carcinomatous elements, and finally, that the flow is from the brain to the subarachnoid space and not the reverse. The histo-pathologic studies of this case practically confirm the essential conclusions arrived at by experimental workers, like Key and Retzius, Michel, Schwalbe, Quincke, Weed and others, demonstrating as they do the great scientific value of experiments done, as it were, by nature, namely of spontaneous, not artificial, infiltration of the meninges and their spaces with substances totally foreign to them. [Author's abstract.]

Guillain, G. MENINGEAL HEMORRHAGE FOLLOWING CONCUSSION OF THE SKULL. [Arch. Méd. Belges, 72, 1919, No. 3.]

Meningeal hemorrhage following even slight contusions of the scalp is much more common than generally recognized. Thirteen examples are here reported upon. The symptoms were often extremely vague. Lumbar puncture cleared the diagnosis and aided recovery. Even a hematoma may subside under repeated lumbar puncture. Aphasia from hematoma regressed spontaneously. Local anesthesia should be used in exploring the skull, as the vasodilation resulting from general anesthesia may increase hemorrhage. Lumbar puncture, withdrawing a large amount of fluid, had better not be done at first, as the reduction in the pressure might set up a new hemorrhage. Lumbar puncture has decided therapeutic value later reducing the pressure. Symptoms which suggest meningeal hemorrhage are slight mental confusion, bilateral reversal of the plantar skin reflex, and a peculiar sallowness from the blood degeneration. Operation is inadvisable, save for severe compression symptoms and anesthetics are dangerous.

6. BRAIN: GENERAL. TRAUMA, TUMOR, ETC.

Moreira, J. INFLUENZA AND NERVOUS SYSTEM. [Arch. Bras. de Med., South American Letter, J. A. M. A., 1919.]

In this special number of the *Archivos Brasileiros de Medicina* the articles of Prof. Juliano Moreira on psychical disturbances determined by influenza and on influenza in the lunatic asylum during last November and its influence on mental diseases are worthy of special notice. Dr. Moreira's opinion is that the mental disturbances he noted, most of them benign, were due to the influenza virus or its toxin. Among other manifestations, the grip provoked meningitis, pseudomeningitis and encephalitis. No case of paralytic dementia resulting from influenza was observed, although latent cases manifested themselves following influenza. Sixty per cent. of influenza psychoses resulted in recovery. Out of 1,470 patients of the asylum, 1,314 were stricken with the disease during the second half of October, and ninety-two, or 6.3 per cent., succumbed. During the same period, 160 new patients suffering with mental diseases due to the pandemic were interned, and in

the first days of November, 114. Dr. Moreira did not observe any instance of remission in cases of paralytic dementia; on the contrary, he observed the exacerbation of the symptoms of patients suffering with diffuse latent meningoencephalitis.

Wilson, Wm. HEADACHE. [Practitioner, October, 1919.]

The writer, in a clear and elementary article, says that a classification of headaches according to their causes is very difficult, but propounds the following to include the commoner conditions: 1. Auto-intoxicant: Gouty, rheumatic, hepatic, nephritic, intestinal; specific infectious diseases; menstrual and climacteric; disorders of the ductless glands, like the thyroid and pituitary. 2. Circulatory: Anemias, arteriosclerosis, plethora, cardiac disease, deficient coagulability of the blood. 3. Extraintoxicant: Poisons generally, like alcohol, tobacco, opium, and lead. 4. Neurogenous: Neuroses, neurasthenia, true migraine. 5. Reflex: Ocular, nasal, aural, pharyngeal, dental, visceral, genital, chiefly uterus and ovary. 6. Local organic disease, as of the brain and its coverings. 7. Variation in the tension of the cerebrospinal fluid; Serous meningitis cerebral edema. Of the chronic headaches, the most unbearable are those of brain tumor, brain syphilis, and arteriosclerosis. Always suspect congenital syphilis as a cause of persistent and severe headaches, which are worse at night, in a child.

In investigating a case of headache we should note: 1. Whether it is unilateral or bilateral. The presumption in the former case is in favor of a unilateral cause, in the latter of a general cause, but not necessarily so. 2. The locality of the pain. 3. Any local tenderness and whether superficial or deep. 4. Whether it is constant, intermittent, or remittent. 5. The diurnal incidence and variation. 6. The character of the pain, whether paroxysmal, throbbing, boring, dragging, feeling of tension or the reverse, aching, or feeling of pressure on the head. 7. Whether it is produced or aggravated by any position of the body or by movement. 8. Is there any complaint by the patient of any organ of the body, or is there any systemic fault, *e.g.*, anemia or other blood condition, pathological condition of the urine, dyspepsia, constipation, rheumatism, syphilis, or malarial history. The writer considers all these things in detail, with a little extra attention to headaches of nasal origin.

Nordentoft, S. RADIOTHERAPY OF BRAIN TUMORS. [Jour. de Radiologie, Vol. 3, No. 7.]

Eighteen cases of brain tumors were given roentgen ray treatment between February, 1915, and the present time. Nine of the patients are alive and in good health, with the exception of one case of hemianopsia, and one of poor vision in a case that had been almost blind before the therapy. Two striking cases are here described, one that