normal. During the attack and for some weeks after, the patient suffered from severe thirst, and had almost constant polyuria. The urine was of low specific gravity, and contained a trace of albumin. d'Astros calls attention to the absence of any unilaterality of the pain, and suggests in explanation of the symptoms some disturbance of the arteries supplying the common motor-ocular nucleus. These arteries arise from the posterior cerebral, just below the front of the third nerve, and then pass into the cerebral peduncle to be distributed to the nucleus, forming an independent system. He assumes that the pathology of the condition is of the nature of an anemic infarct.

SAILER.

137. L'ŒIL TABÉTIQUE (The Eye in Tabes). Gilles de la Tourrette (Soc. Med. des Hopitaux, 24 Feb. 1899).

The ocular manifestations of tabes are very numerous. They involve the retina, the external musculature, and even the lachrymal apparatus. Although so well known and so frequently described, the author thinks that he has discovered a new one. According to his experience, it is of sufficient value to have frequently enabled him, on mere inspection of a patient who presented no ataxic symptoms whatever, to make a diagnosis before going into the history. This sign consists in a very peculiar aspect of the eye, and is not to be confounded with simple myosis, which, when of punctiform character and situated on blue irides, always suggests tabes. In this class of patients the eye is brilliant, but expressionless; "the eye bright, but the gaze blank," is the author's way of describing the condition. This appearance is quite independent of the condition of the pupils, which is unvarying, and is especially easy of recognition in irides of a dark color.

JELLIFFE.

138. SUR UN CAS D'HÉMATOMYÉLIE OBSERVÉ CHEZ UN NOUVEAU-NÉ (A Case of Hematomyelia in a New-born). D'Herbécourt (Journal de Médecine de Paris, 10, 1898, p. 314).

An infant delivered at term by forceps and with difficulty through a contracted pelvis was apparently dead, but by means of mouth-to-mouth respiration and tractions on the tongue was finally resuscitated. It was then discovered that there was no respiratory movement whatever on the right side of the chest. The child lived two and a half hours, and a careful dissection could discover no trace of traumatism affecting the structures of neck or thorax. Examination of the central nervous system revealed only hemorrhages in the cervical region of the cord, and at one point in this region a vessel showing endoperiarteritis. The hemorrhages made practically one continuous effusion about 6 mm. in vertical extent, and located at the base of the anterior horns.

The observation is of some interest in connection with similar findings by Schulze, and with the possible relation of hematomyelia to syringomyelia, asserted by this author and by Minor.

PATRICK.

139. UEBER DIE FOLGEN DER SPINALEN KINDERLÄHMUNG AUF DIE HÖHER GELEGENEN NERVENCENTREN (Concerning the Effects of Infantile Spinal Paralysis on the upper Nerve Centers). M. Probst (Wiener klin. Wochenschrift, 30, 1898, p. 729).

The examination of the brains from persons whose limbs have been amputated has given most contradictory results in the attempt to locate the motor cortical centers by this means. The study of the spinal cord has been far more satisfactory. Gowers examined the brain of a man with congenital atrophy of the left hand, and found the middle of the right posterior central gyrus smaller than the corresponding gyrus on the left side. Microscopically, however, no anomaly could be seen. Edinger examined the nervous system of a man with congenital absence of the left hand and of a large part of the left forearm; the right