

tinct difference in movement between the two sides; in 39 the movement was less on the paralyzed side, and in 10 it was more marked and full when compared with the sound side. These differences applied not only to exaggerated voluntary efforts, but to quiet automatic respiratory movements. The nature of the cerebral lesion made no difference. The difference was as a rule more marked in proportion to the degree of paralysis; especially when the greatest stress was seen in the upper limbs. In some cases a unilateral arrhythmia was observed. The authors believe there is a superior cortical center for respiration, probably situated somewhere near the motor center for the upper limb, to which the medulla center is subservient. The greater frequency of respiration on the paralyzed side is explained by supposing that this center is excited by irritation rather than depressed. Automatic respiration could be carried on by the medulla center, but when voluntary the cortical center would be called into play.

JELLIFFE.

UEBER EINEN GEHEILTEN FALL VON OTOGENER MENINGITIS (Concerning a Cured Case of Otogenous Meningitis): Bertelsmann (Deutsche med. Wochenschrift, No. 18; 1901, p. 277).

A patient with a purulent process in the ear, had severe headache in the right frontal and temporal regions, rigidity of the neck, scaphoid abdomen, hyperesthesia of the skin, high fever, etc. The diagnosis of extradural abscess or circumscribed leptomeningitis was made. At the operation pus was found on the outer surface of the cerebral dura and the dura was not opened. Lumbar puncture was performed during the narcosis, and extracellular diplococci were found in the fluid obtained. The case was regarded as hopeless, but complete recovery ensued.

SPILLER.

UEBER GONORRHOISCHE NERVENERKRANKUNGEN (Gonorrheal Nervous Diseases). A. Eulenberg (Deutsche med. Woch., Vol. 26, Oct. 25, 1900, p. 686).

A. Eulenberg calls attention to the fact that while nearly every other part of the body has its distinct series of maladies to which a gonorrheal etiology is attached, the nervous system appears to have been somewhat neglected in this regard. This omission he then proceeds to rectify by describing fourteen cases of nervous disease apparently directly traceable to a specific urethral infection. In considering the secondary nerve lesions due to the gonococcus three classes are to be made: (1) Neuralgic affection, especially gonorrheal sciatica. (2) Various forms of muscular atrophy or dystrophy, and atrophic palsies. (3) Gonorrheal neuritis in its more restricted sense, as mononeuritis or polyneuritis, and gonorrheal myelitis. In order to establish a connection between the infection and the disease a single coincidence of symptoms is not sufficient, but a general consideration of the points involved in each particular case is necessary. Important factors are the simultaneous occurrence of urethritis with or without the presence of gonococci in the secretion, the existence of other metastatic specific lesions, epididymitis, endometritis, endocarditis, or arthritis; or symptomatic peculiarities of the nerve affection itself.

JELLIFFE.

UEBER DAS VERHALTEN DER PATELLARREFLEX BEI HOHEN QUERSCHNITTSMYELITIDEN (The Patellar Reflex in High Transverse Myelitis). R. Bálint (Deutsche Zeitschrift für Nervenheilkunde, 1901, xix, 5 and 6, s. 414).