although he had then suffered from shock he had apparently made a complete recovery. The autopsy, however, revealed a large abscess in the left temporal region, which had never made its presence apparent during the five years since the injury had been received. JELLIFFE.

EPIDEMIC POLIOMYELITIS WITH REPORT OF TEN CASES. D. H. MacKenzie. Medical Record, October 4, 1902.

Thirty cases of poliomyelitis occurred near Poughkeepsie in 1899, in an epidemic resembling the extensive epidemics near Boston in 1894, and in Vermont during the same year. Of the ten cases reported by the author and seven others occurring in the same locality only two presented the classical symptoms of poliomyelitis. One case was undoubtedly cerebro-spinal meningitis, having the convulsions, coma and other symptoms. Three cases died, and in each the paralysis began in the lower extremities and extended upwards until the muscles of respiration became involved. Like the Vermont outbreak, while the clinical history of the majority of cases was typical of poliomyelitis, in some of them the features of peripheral neuritis were seen, while many of the fatal cases gave symptoms resembling cerebro-spinal meningitis. There is then presented the interesting fact that during the same epidemic and presumably from the same cause, there occurred cases of poliomyelitis, neuritis and cerebro-spinal meningitis. Certain mild cases of poliomyelitis in this epidemic terminated in complete recovery. Two fatal cases were diagnosed as Landry's paralysis, and reported in medical literature as such. From the fact that most of the cases were those of adults, from the pain, tenderness and paresthesia of the early symptoms, and from the fact that the paralysis extended from below upward, and also that all the cases which did not prove fatal in the acute stage except two fully recovered, we may conclude that a large percentage of these cases were really multiple neuritis. From the association in the same epidemic of cases of poliomyelitis, cerebro-spinal meningitis and multiple neuritis, the same microbic infection would seem to be present.

W. B. NOYES (New York).

HYSTERIA AFTER TRAUMATISM COMBINED WITH AN ORGANIC NERVOUS DISEASE. Meyer (Berliner klinische Wochenschrift, Aug. 4, 1902).

The author reports a case in which a man of forty-nine years, who has always been healthy, developed hysteria after an accident to his right elbow. He developed weakness of the extremities, paresthesia, shooting pains, tremor and a hesitation in speech. These symptoms varied in intensity, were irregular in nature and atypical in character. This fact with the general demeanor of the man led the author to suspect hysteria. The patient, however, also presented optic neuritis, Argyll-Robertson pupils and loss of knee-jerks. Meyer therefore concluded that the diagnosis consisted in an organic disease of the central nervous system combined with hysteria. He believed the organic condition to be locomotor ataxia or beginning progressive paralysis.

W. E. RATHE (Philadelphia).

ACROPAESTHESIA FOLLOWING TRAUMATISM. Sommer (Berliner klinische Wochenschrift, Oct. 6, 1902).

Sommer reviews the literature concerning acroparesthesia and reports two cases following injuries. Acroparesthesia depends upon an irritation of the vasomotor centers. The arteries become contracted and the nourishment of the nerve endings in the extremities is diminished. The main symptom is an unpleasant feeling in the hands, and more rarely in the feet. It is worse at night and morning. Occasionally these feelings change to acute pain. It is rarely limited to the peripheral distribution of any one nerve. The skin presents but slight or no disturbance in sensibility. There is no pain on pressure over the nerve,

and no gross changes occur in motion. Its development is gradual. The etiology is not clear. This disease occurs most commonly in women at the menopause. Sommer advises that when paresthesia occurs after an injury, the possibility of acroparesthesia should be considered, and thus spare the patient the accusation of simulation.

W. E. RATHE (Philadelphia).

MYELOSARRHAPHY FOLLOWED BY RETURN OF FUNCTION. Stewart and Hart (Phil. Med. Jour., June 7, 1902).

These authors report the case of a young woman twenty-six years old, who had been shot, one of the bullets entering the spinal canal at the seventh dorsal vertebra, and causing complete abolition of motion and sensation below the level of the tenth dorsal spine. The operation, performed three hours after the shooting, exposed by incision and dissection that the right lamina of the seventh dorsal vertebra was crushed in, and the left lamina fractured at the base, while on removal of the spines and laminae of the seventh and eighth dorsal vertebrae the cord was discovered to be completely divided, with a separation of three-quarters of an inch after the lacerated nervous tissue had been removed. The ends of the cord were drawn together by three chromicized gut sutures, one passing anteroposteriorly and the others transversely through the entire thickness of the cord. They were unable to approximate the dura. A small drain of gauze was left in place for twenty-four hours. The muscles were united by means of catgut, and silkworm gut was used to close the skin. After the operation the patient's condition was excellent, the wound healing by the seventh day. Sensation began to return in a few days, flexion of the foot was recognized after about two weeks, followed by powerful leg contraction, with consciousness of deep pressure over the limbs and abdomen. In three weeks pin-pricks could be felt as far as the umbilicus, although the patient could not localize the pain, urine could be felt in the bladder, but not voided, and the patellar reflex returned. After two months the knees could be fully bent, and after five the patient was able to slide out of bed into a chair without aid. The menses returned during the seventh month, and by the eighth good control over the bladder and bowels was regained, and she could stand without support. General improvement continued until in fourteen months in a tub bath she was able to feel water on the lower extremities and distinguish between hot and cold. In sixteen months she was capable of flexion and extension of the toes, legs and thighs, though flexion was stronger than extension. General health and sensation of temperature, pain and position were excellent. When the cord is divided or crushed, "no interference" is a good maxim for spinal surgery. There is special indication of myelorrhaphy when the cord has been cut in two by a sharp instrument or projectile, and it is the opinion of the investigators of this case that there should be immediate exploration to decide the exact nature of the injury and whether the symptoms are caused by pressure or by concussion.

JELLIFFE.