nated with the embryologists in a desire to show in plastic form what they studied in sections. His, of Leipsic, many years ago, introduced his method of graphic reconstruction. The method of wax reconstruction directly from serial sections was introduced in Breslau in 1876. This method, with some modifications, had been employed by Miss Sabin, the constructor of the model to be demonstrated. Before beginning work one must have a faultless series of sections, an intelligent idea of the contents of those sections, a suitable mechanism for the projection of the sections magnified, some degree of spacial sense, and a certain amount of mechanical skill, together with a vast deal of patience. The model represented the medulla, pons and a portion of the mid-brain of a human fetus near full term. Miss Sabin's work was begun a year ago last March. The drawings were obtained by the projection method, and these were then transferred to wax plates, which were then superimposed.

Dr. Herter moved a vote of thanks to Dr. Barker, Dr. Thomas and Miss Sabin for their remarkably interesting and instructive contribution. This was seconded, and carried unanimously.

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23. EIN BEITRAG ZU DEN PRIMÄREN COMBINIRTEN SYSTEMERKRANKUNGEN IM KINDESALTER (A Contribution to Primary Combined Systemic Diseases in Childhood). Hans Luce (Deutsche Zeitschrift für Nervenheilkunde, 12, 1897-1898, p. 68).

A child born of healthy parents first showed signs of disease when it was five years old. Weakness of the legs, disturbance of speech, spasticity of all the extremities, tonic contraction of the muscles after slight irritation, absence of muscular atrophy, were the most interesting features of the case. There had been neither infectious disease nor traumatism to explain the development of these symptoms. Death occurred nine months after the beginning of the disease.

The spinal cord presented a combination of the lesions of amyotrophic lateral sclerosis and tabes dorsalis. The crossed pyramidal tracts were partially and symmetrically degenerated from the proximal portion of the pons to the sacral region. In the right direct pyramidal tract the degeneration could only be traced into the upper thoracic region, and in the left it was still less intense. The cells of the anterior horns, especially those in the lower thoracic region, were much fewer than normal, and greatly diseased, and yet the anterior roots were only slightly degenerated. Usually in amyotrophic lateral sclerosis, the cells of the cervical region are most affected. The degeneration of the sensory portion of the cord was like that seen in tabes (degeneration of the posterior roots, of Lissauer's zones, of the postero-median root-zones, of the posterior horns, of the fibers of Clarke's columns, and of the spinal roots of the ninth and fifth nerves). Important changes were found in the fibers of the projection and association areas of the cerebral cortex. Inflammatory foci were not observed anywhere, and the case was one of primary systemic disease.

The writer thinks he has demonstrated the possibility of the existence of tabes dorsalis, of amyotrophic lateral sclerosis, and of a combination of both diseases in childhood. The importance of the case therefore is apparent.

SPILLER.