was born spontaneously, but the shoulders were arrested. The nurse seized the head with her hands and with all her strength exerted traction upward—toward the right shoulder of the child. Immediately after birth paralysis of the left arm was noticed, the superior (first) cord of the plexus being the most severely injured. PATRICK.

131. CASUISTISCHE BEITRÄGE ZUR HIRNCHIRURGIE UND HIRNLOCALISATION, etc. (Clinical Contributions to Cerebral Surgery and Cerebral Localization). Ludwig Mann (*Monatsschrift für Psychiatric und Neurologie*, Vol. 4, No. 5, p. 369).

Mann reports a case in which two focal symptoms were observed after a cortical injury, viz., loss of sensation in the left thumb and index finger, and loss of power to sing. At the necropsy a cyst was found involving the second right frontal gyrus, and a small portion of the anterior central gyrus in the lower part of its middle third. It was not certain whether the cyst was due to the original injury or to operation. The loss of sensation in the thumb and index finger was explained by the involvement of the lower part of the arm center, but the absence of paresis in thumb and finger was striking. This is said to be the only case with necropsy in which amusia was not combined with aphasia. Mann believes that possibly a lesion of the second frontal gyrus may cause amusia. In his case the lesion was on the right side of the brain, and the patient was right-handed. SPILLER.

132. UN CAS DE SCLÉROSE EN PLAQUES A TREMBLEMENT UNILATÉRAL (A Case of Multiple Sclerosis with One-sided Tremor). P. Remlinger (*Rev. de Médic.*, Vol. 19, 1899, p. 244).

The case reported showed the following cardinal symptoms: There was an intention tremor of the upper and lower extremities, limited to the right side; exaggeration of the tendon reflexes, more marked on the right side; gait markedly spastic; tremor of the lower lips; diminution in sight, due to beginning optic nerve atrophy; slow speech, with monotonous and scanning cadence. These symptoms had been developing for the past six years, during which time the limitation of the tremor to the right side was remarkable, being so constant.

JELLIFFE.

133. UN CAS DE MENINGITE CEREBRO-SPINALE SIMULANT LE TETANOS (A Case of Cerebro-Spinal Meningitis Simulating Tetanus). La Presse Médicale, 24 Decembre, 1898 (Leroux & Viollet).

The patient, a man of 40, had noticed some stiffness in the lumbar region three days before admission, followed quickly by paralysis of the legs and difficulty in taking nourishment. When admitted to the hospital he was rigidly extended, the back being some distance above the surface of the bed. The neck was very stiff, and there was moderate trismus. From time to time he had paroxysms of pain, causing him to cry out. The temperature was 40° C., the pulse 120, and the respirations 40. The latter were almost exclusively diaphragmatic. The pupils were perfectly normal. A diagnosis of tetanus was made. Roux and Martin, of the Pasteur Institute, saw the case in consultation and pronounced it meningitis. The patient continued to grow worse and died on the second day. At the autopsy small collections of pus were found just back of the frontal convolutions, and there was intense congestion of the arachnoidal plexus to the plexus of the fourth ventricle. Cultures made by Martin showed the presence of the diplobacillus of Friedländer. The authors also report a case with very similar symptoms, the patient having the slight contraction of the extensors of the vertebral column, slight rigidity of the lower extrem-