tip of the occipital lobe, caused by the occlusion of the parieto-temporal branch of each middle cerebral artery from the point where it was given off. The calcarine cortex, optic radiations, and optic tracts were normal. The case shows that extreme disturbance of vision may result from interference with the higher cortical visual centers alone.

C. D. CAMP (Philadelphia).

A CASE SIMULATING INTRACRANIAL TUMOR IN WHICH RECOVERY WAS ASSOCIATED WITH PERSISTENT CEREBROSPINAL RHINORRHEA. T. R. Glynn and E. E. Glynn (The British Medical Journal, April 22, 1905).

The first symptoms developed after a traumatism to the top of the head, which caused a temporary loss of consciousness. For the next three years he had recurrent attacks of headache, about every two weeks, associated with vomiting, giddiness and depression, and double vision on looking toward the left. He suffered constantly with failure of memory, lack of energy and some giddiness, any attempt to stoop causing him to fall forward. On examination he was found to have weakness in external rectus muscle, an optic neuritis, exaggerated kneejerks and a marked left hemianalgesia. In the next year he failed gradually so that there was a distinct failure of muscular power of the extremities and tremor of the hands. He became demented, had three epileptiform convulsions in the year, and developed incontinence of urine and was nearly blind. When in this condition clear fluid commenced to escape in drops from the right nostril and he immediately began to improve. His mental vigor and muscular strength returned and his sight was restored. A year later he was almost completely restored to health. The optic neuritis and all other signs of cerebral mischief had disappeared. A careful examination of the fluid showed it to have all the physical and chemical characteristics of the cerebrospinal fluid. It was excreted at the rate of about seven ounces in twenty-four hours, a less amount than in any other reported case.

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A STUDY OF ACUTE HEMORRHAGIC ENCEPHALITIS. E. E. Southard and C. W. Keene (The American Journal of the Medical Sciences, March, 1905).

Six fatal cases in man were examined, all but one cases of general infection with the *staphylococcus aureus*. A history of antecedent disease was the rule. The syndromes, which were chiefly of sudden onset and rapid course, were pyemic, meningitic or cerebral in type. The slower course gave more cerebral symptoms. The type of inflammation produced by the *staphylococcus aureus* in man is one in which hemorrhage is a prominent feature. The site of election for the hemorrhagic lesions is the subcortical region supplied by the long or medullary branches of the cortical vascular system, and they vary in appearance from red softening or multiple ecchymosis to frank and sometimes voluminous hemorrhage. Experiments on guinea pigs carried out at the same time showed that the *staphylococcus pyogenes aureus* produces in their brains an inflammatory process, which is shown as a meningitis, ependymitis, or exudation into the brain substance which tends to subside in a limited period without producing hemorrhages, except miliary perivascular ones. Perhaps, also, there are in man cases of encephalitis which reverse themselves and may be mistaken for "functional" diseases and furnish "functional" symptoms during and after tissue repair.

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AN INVESTIGATION ON THE REGENERATION OF NERVES. Basil Kilvington (The British Medical Journal, April 29, 1905).

After reviewing the literature on regeneration of nerves, the author