the author's case, therefore, there was a wound of the first lumbar segment and the first lumbar root on the left, the posterior columns and the posterior parts of the lateral columns being thereby injured. The integrity of cutaneous sensibility is to be accounted for, on the one hand, by the fact that there are paths for the sensation of touch in the anterior as well as in the posterior columns, and, on the other, by the fact that the paths for pain, heat and cold are in the anterior part of the lateral columns. This syndrome, paraparesis with destruction of deep sensibility and with ataxia, must, in the opinion of the author, be typical for a transverse posterior lesion of the medulla oblongata, just as the Brown-Sequard lesion is for the sagittal lesion.

Crookshank, F. G. HISTORY OF EPIDEMIC ENCEPHALOMYELITIS. [Bost. Med. and Surg. Jl., Jan. 8, 1920.]

For some 450 years clinical happenings of a nature now ascribed to encephalomyelitis, or encephalomyelomeningitis, have been recorded, so this author says. These occurrences have been noted as incidental to major epidemics, known historically as sweating sicknesses, epidemic catarrh, or influenzas. Special prevalences have also been described as manifestations of special diseases. These have usually appeared shortly before or shortly after major "influenzal" epidemics, or else in geographical proximity to endemic-epidemic and endemic-influenzal prevalences. Epidemic encephalomyelomeningitis represents an intensive and specialized reaction that has the same epidemiologic relation to pandemic influenza as have the prevalences and epidemics of "septic" pneumonia, of gastro-intestinal illness, and of other maladies described as occurring before and after the wide diffusions generally referred to as pandemic influenza.

Marie, Pierre, and Mestrezat. LETHARGIC ENCEPHALITIS AND CEREBRO-SPINAL FLUID. [Bulletin de l'Académie de médecine, February 3, 1920.]

These authors dwell on the importance diagnostically of meningeal reactions in lethargic encephalitis. Although Achard, Netter, and Vidal have reported instances of unexpectedly marked evidences of such a reaction in the cerebrospinal fluid, the disease is *not* a meningitis, and frequently entails no pronounced meningeal reaction. In six cases with the Nageotte counting chamber, Marie found thirteen, eight, 10.5, twelve, twenty-six and twenty-four lymphocytes respectively in the cerebrospinal fluid; these figures manifestly imply only a very moderate lymphocytosis. The albumin, measured in two instances with the Sicard tube, was 0.25 and 0.55 gram, and estimated in four instances by the opacity index, was 0.25, 0.55, and 0.65, and 0.14. These figures, although denoting increased albumin, do not approach those obtained in meningitis, and it is well known that an albumin increase may occur