produced by some unknown micro-organism that has a peculiar affinity to the central nervous system. This micro-organism then might not affect the other viscera of the body, but could produce extensive changes in the brain. SAILER.

42. ZUR LEHRE VON DER SPASTISCHEN UND INSBESONDERE VON DER SYPHILITISCHEN SPINALPARALYSE (Contribution to the Study of Spastic and especially of Syphilitic Spinal Paralysis). M. Friedmann (Deutsche Zeitschrift für Nervenheilkunde, 16, 1899, p. 140).

In the case described by Friedmann the symptoms began with thrombosis of the right retinal artery. A year later the gait became gradually weak and spastic, and after two and a half years only short distances could be traversed. The vesical functions and the cranial nerves were not affected. The patellar reflex was much exaggerated, foot clonus was present, and the paresis was greater in the left lower limb. The tactile sensation was more distinctly, though only moderately, impaired in the left lower limb. No marked subjective disturbances existed. The muscular power in the left upper limb was a little diminished. An apoplectic attack with left-sided paralysis occurred, and death followed five months later. An old focus was found in the right lenticular nucleus, and the basal arteries showed obliterating endarteritis. Degeneration was confined to the crossed pyramidal tracts, except in the lower thoracic region, where the direct cerebellar tract was affected, and in the cervical and upper thoracic region, where the anterior horn cells were moderately diseased on the side opposite to the cerebral focus. The degeneration of the pyramidal tracts extended from the lumbar region to the middle of the pons. The columns of Goll were not diseased. The involvement of the cells of the anterior horn on the side opposite to the cerebral focus was believed to be a part of the degeneration caused by this focus, and the case showed, by the normal condition of the cells in the right anterior horn, that anterior horn disease is not always associated with primary lateral sclerosis. Friedmann believes that all parts of the pyramidal tract throughout its degenerated portion underwent degeneration simultaneously before the hemiplegia occurred, and that a later involvement of the upper limbs was not a proof that the pathological process was ascending. The degeneration was believed by Friedmann to be syphilitic in origin, and the ground for this belief was the endarteritis. He acknowledges, however, that endarteritis may result from different causes, but in his case no cause could be found. SPILLER.

43. LES PHENOMENES DE REPARATION DANS LES CENTRES NERVEUX APRES LA SECTION DES NERFS PERIPHERIQUES (The Phenomena of Repair in the Central Nervous System After Section of the Peripheral Nerves). A. van Gehuchten (La Presse médicale, Jan. 4, 1899, p. 3).

In a previous communication, the author has reported his observations that after section of the peripheral spinal nerves, no chromatolysis occurs in the cells of the anterior cornua, but that it invariably occurs after the section of the cranial nerves. This has been criticised by Marinesco. Van Gehuchten reiterates his previous conclusion, and explains the method by which any error in observation was excluded. He believes that the experiments reported by Marinesco confirm in a decisive manner his own, although the interpretations put upon them by that author are very different. In regard to the second point, whether the continued separation of the nerve has an effect upon the rapidity of the reparatory processes, van Gehuchten expresses himself

as believing that it has not; neither his own investigations nor those of Marinesco having led to any very definite results. The union of the nerves, however, has a distinct effect upon the future of the ganglion cells. If it occurs, the cells not only become normal, but remain so; ii, on the other hand, the nerve remains permanently separated, after apparently complete recovery, they subsequently undergo atrophy. Van Gehuchten has found, in opposition to Marinesco, that, during the first 15 or 20 days following the section, the cells gradually swell. After this there is a reformation of the bodies of Nissl. Van Gehuchten has also observed degeneration in the dorsal nucleus of the vagus after section of that nerve, and he has concluded that these cells are really motor in character.

SAILER.

THERAPY.

44. NOTE ON THE TREATMENT OF SEVERE CHOREA BY SULPHOCARBOLATE OF SODA. T. Stacey Wilson (Birmingham Medical Review, 46, 1899, p. 1).

The paper contrasts the results of treatment in two cases of severe chorea. The first patient, 14 years old, was admitted to hospital one month after the beginning of the disease, having at the time constant movements of the face and all the extremities. She was treated first with chloralamide in doses up to 20 grains every three hours and then by chloral in large doses. Wet packs were also tried, but the patient rapidly failed and died of "asthenia" on the eighth day after admission. The temperature was subnormal throughout—96° to 97.5° F. The post-mortem examination revealed an endocarditis, and the erythematous flush on the cheeks and chest present during the latter days of the illness persisted after death.

The second patient was a young woman 22 years old, who had had two former attacks, the second one twelve months previously. She was admitted to hospital about six weeks after the inception of the disease, the case at the time not being very severe. She was put on Fowler's solution, with an occasional dose of chloral, but at the end of a week was much worse, the movements having become constant and decided mental symptoms having been added to the clinical picture. By the end of the tenth day in hospital she was completely helpless and almost unconscious. Believing that the condition was due to some infection, the author gave sodium sulphocarbolate and quinine as recommended by Carter of Liverpool and as found of value by the author in staphylococcus pyemia, viz.: twenty grains of the former and one or two grains of the latter every two hours, alternately. The chloral was continued in occasional doses, as were also hot packs which had been used to promote perspiration. After thirty-six hours marked improvement began and recovery was rapid. The author mentions a "somewhat severe case" of chorea in a child treated with sulphocarbulates with a very satisfactory result, and a very severe case in an adult in which death occurred in spite of the same treatment.

PATRICK.