obscure, and the finding of two cases of gastric ulcer associated with polyneuritis called the attention of these authors to the condition. Polyneuritis, secondary to gastric ulcer, to these authors evolves with certain characters which are worthy of notice, especially since tabes with gastric crises is to be carefully separated from polyneuritis with gastric ulcer crises. The history of two cases is given, too extended to permit of résumé, but worthy of being read in the original. Both were very similar. had continuous pains in the stomach, with paroxysmal increases in violence; they came on at the age of 36 in one and 37 in the other; they were accompanied by vomiting, reddish tinged and abundant. They also had troubles of motility, of sensibility and loss of tendinous reflexes coming on some time after the gastric symptoms. There were pareses in all four extremities, the loss of cutaneous as well as of tendon reflexes being marked; and there were painful nerve trunks and tender muscles. There was no Argyll-Robertson pupil, and no ataxia. Urinary disturbances were also lacking. Alcoholic history was excluded, and other intoxication as well; all other etiological moments were absent, carcinoma, nephritis, diabetes inclusive.

The authors contend that the gastric ulcer was responsible for the polyneuritis. What is the explanation? Two hypotheses are reviewed. The possibility of the increased activity of small doses of alcohol, and the increased facility of absorption of other toxic products. Pathologically the authors are of the opinion that the anterior horns of the cord are involved as well, thus implicating the entire peripheral motor neurone.

JELLIFFE.

HEMATOMYELIA ET MYELITIS. E. Medea (*L'Encephale*, Vol. 4. May, 1909, p. 441).

The etiological relation of hematomyelia and myelitis has been the subject of much active discussion and the author, leaving aside the question of traumatic hematomyelia, hematomyelia by compression, spontaneous hematomyelia, reports a case of flaccid paraplegia of gradual onset, in a healthy non-syphilitic adult of 38 years of age, who six weeks previously suffered from a small contusion of his foot with the production of a small abscess which gave him no trouble after a few days. He had total paralysis, loss of all sense modalities with superimposed hyperesthetic zone; yet there was a continuous sense of burning in his trunk and limbs. Lumbar puncture was negative, cytologically and bacteriologically. He died in two months. The cord showed two small hemorrhagic areas at the level of the sixth and ninth D.; an area of hematomyelia which involved the dorsal cord in its two last segments, and an infiltrating meningo-myelitis with dilatation of the blood vessels, perivascular infiltration, necroses, körnchenzellen, swelling and destruction of axis cylinders, etc. The author is of the opinion that the myelitic process preceded the hemorrhage in his case. As to the cause the author comes to no definite conclusion. He excludes syphilis, but does not explain the myelitis which he describes as being of bacteriological origin.

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