PATHOLOGY.


Only a few histological investigations of anesthetic leprosy have been made. The disease, in the case described by Samgin, began with chronic rhinitis, and soon pain and anesthesia in the legs and arms were noticed. The body became almost entirely anesthetic. In most anesthetic areas dissociation of sensation existed, and consisted of complete thermoanesthesia and analgesia, with slightly diminished tactile sensation. Toward the end of life the atrophic patches in the skin became confluent. The skin of the fingers was smooth and desquamative, and scars resulting from analgesic panaris were observed. No other mutilations were found. The facial nerve was paralyzed on both sides in the upper portion, and on the left side in the lower portion also. The peroneal nerves were paralyzed. The claw-hand was present. Lepra bacilli could not be found during life. The diagnosis between lepra and syringomyelia was made from the thickness and hardness of the ulnar nerves, the paralysis of the facial nerves without other bulbar symptoms, and the irregularly located atrophic areas of the skin, which corresponded to the anesthetic regions.

Marked alteration of the skin was found after death, and lepra bacilli were present in the skin and nerves, but not in the spinal cord, posterior ganglia or cerebral cortex. Interstitial neuritis existed in the ulnar and peroneal nerves. The myelin had almost entirely disappeared. The examination of the spinal cord in this case was especially valuable, as a similar examination has rarely been made. Samgin found secondary degeneration of the posterior roots and of the columns of Goll. Nerve fibers in the posterior ganglia were also degenerated. The cells of the gray matter of the cord were unaltered. Samgin believes the process began in the peripheral ends of the nerves of the skin.

Spiller.


In dogs the author investigated the action of post-mortem changes in the ganglion cells of the cord and of the cortex. They were studied hourly from 6-24 hours after death, and changes did not seem to appear until after the first twenty-four hours, if the tissue was kept at a temperature of about 60° F. The nucleus stained less intensely after twenty-four hours. After forty-eight hours diffuse changes seemed to take place; the nucleus stained less distinctly, though the cell contours were fairly well preserved. At the end of seventy-two hours distinct changes were apparent, the cell contours were altered, more rounded; the nucleus seemed atrophied. Complete degeneration with poorly staining cytoplasm and nucleoplasm took place in ninety-six hours.

Jelliffe.

CLINICAL NEUROLOGY.


Six cases of tabes, without necropsy, and one with necropsy, in which the knee jerks were preserved, are reported. The histological