Izar. TREATMENT OF SCLERODERMA. [Rif. Med., May 22, 1920. B. M. J.]

The author publishes, with a portrait, a case of scleroderma in a child of 7, cured by hypophysis treatment. The pathogenesis of scleroderma is uncertain, but most authorities associate it with some fault in the endocrine system. In the author's case some evidence of impaired function of the hypophysis was found in the adiposity of the mother and sister. The sella turcica of the patient was somewhat enlarged (19 mm. + 7 mm.), there was a certain degree of adiposity, marked scleroderma and pigmentation, cold sweating of the palms and soles, and "solid edema" impairing the movement of the limbs, especially in flexion. Injections of hypophysin and pituitrin ($\frac{1}{2}$ c.cm.) were given alternately every day for fifteen days and then on alternate days. After the sixth injection a decided improvement was noted, beginning with the skin of the face and abdomen and then spreading to other parts; the skin became more elastic, the itching disappeared, and the sweating of the hands and feet diminished. The injections were discontinued after thirty-two had been given, but a half-tabloid of hypophysin was given on alternate days. Treatment was begun in May, 1919; when the child was seen again in January, 1920, every sign of scleroderma had disappeared. Except for tiny scattered areas of atrophy, the skin was quite normal.

II. SENSORI-MOTOR NEUROLOGY

5. BRAIN; MENINGES.

Fabris, S. STREPTOTHRIX MENINGITIS. [Pediatria, June, 1920.]

Following an attack of pneumonia his nine months' old child, also a victim of hereditary syphilis, developed a well marked case of streptothrix meningitis. The organism was recovered from the C. S. F. Similar cases from literature are cited.

Geymüller, E. ACTINOMYCOSIS OF NECK AND BRAIN. [Deut. Ztschr. f. Chir., September, 1919.]

This is the report of a case in which the diagnosis of a tuberculous process in the atlas was incorrectly made. Puncture of a swelling in the neck, disclosing actinomyces. The lesions being multiple, surgical measures are of no service.

Bolaffi, A. UNUSUAL FORMS OF MENINGOCOCCAL INFECTION. [Il Polistico, Sez. Med., February, 1920.]

Unusual forms of meningococcemia are here reported. The first patient was a girl, 5, with symptoms of meningitis. The cerebrospinal fluid was opalescent and showed almost pure lymphocytosis and a large quantity of meningococci. Antimeningococcal serum caused the organism to diminish but the disease continued and death took place on

the sixty-seventh day. No evidence of tuberculosis was found at the autopsy or on inoculation of guinea pigs with the cerebrospinal fluid. The second case, which occurred in a young soldier, was an example of meningococcal septicemia with localization of the infection in the skin and lungs, but without meningitis. The author also records several cases of meningococcal meningitis in which the onset was insidious or accompanied by neuralgic symptoms or gastrointestinal disturbance.

de Angelis, F. BLOCKED MENINGITIS IN INFANT. RECOVERY. [Pediatrics, June 15, 1920.]

This rare syndrome, occasioned by a blocking off of the ventricular-spinal cord connections, is discussed in this study. This 7 months' babe was first seen fifteen days after the first symptoms. There was no fever, but the nervous symptoms were severe. Intraspinal injection of antiserum was given for four days when no fluid could be obtained at lumbar puncture. Antiserum was then given by intraventricular injection until 140 c.c. had been injected. Urticaria developed.

Glover, J. A. MENINGOCOCCUS CARRIER ROUTE. [Br. Med. J., September 18, 1920.]

Summarizing the points of prophylaxis against cerebrospinal fever, the prevention of overcrowding is emphasized by Glover as being of paramount importance. Ventilation and distance between beds are of much greater importance than mere floor or cubic space. Wall space is essential. The early isolation of cases of catarrhal disorder is of great importance in preventing the increase of the carrier rate. From one point of view it is almost of more importance to isolate a coryza patient who has not a catarrh. The former can spray the carrier at 4 or 5 feet, and if the carrier succumb to the coryza, he in his turn spray the meningococcus with his catarrhal sneeze to a like distance. In exceptional circumstances steam spray treatment may be of great assistance. The peace standard of the British army of three feet between beds, sixty square feet of floor space and 600 cubic feet is adequate, and will probably render other prophylactic measures unnecessary. [J. A. M. A.]

van Riemodijk. REMARKABLE CASE OF CEREBROSPINAL MENINGITIS. [Nederl. Tijdschr. v. Geneesk., April 24, 1920. Br. M. J.]

This report is of interest in the finding of a rare organism, the micrococcus tetragenus albus, as the cause of the meningitis.

Foti, P. SEROTHERAPY IN MENINGOCOCCUS MENINGITIS. [Pediatrics, April, 1920. J. A. M. A.]

Foti gives the details of twenty-two cases in children with recovery of 61 per cent. In eighteen cases given systematic serotherapy, the mortality was 60 per cent. in the children under 2, and 15 per cent. in the older children, none dying of the six over 6 years old. The influence of the antiserum was prompt and decisive, even in two cases in which the