yet cure, follows these injections. In cases of tubercular meningitis the writers have used smaller doses of air, viz., from 2 to 15 c.c. The latter dose was borne perfectly and gave an unlooked for benefit. Further, Ramond has shown that injections of sterilized air are perfectly borne when given by means of puncture of the lateral ventricles. Clearly the writers believe that one day we shall master tubercular meningitis by attacking it at an earlier period of its course than our present diagnostic skill permits. LEONARD J. KIDD (London, England).

Legry, T. HEMIPLEGIA DUE TO A LOCALIZED FOCUS OF TUBERCULOUS MENINGITIS. [Bulletin de l'Académie de médecine, May 21, 1918.]

The author notes that in tuberculous meningitis in adults the lesions are apt to involve circumscribed portions of the cortex, the symptoms correspondingly resembling those of focal changes. He reports the case of a woman of thirty-one years admitted to a hospital after having for two months experienced lassitude and for a week, at intervals, tingling, beginning in the distal portions of the left hand and foot and extending to the entire left half of the body. Examination showed an exaggerated knee jerk and a positive Babinski on the left, with diminished sensation and motor power on that side, the leg dragging during locomotion. Movements of the left arm were also limited. The temperature was normal. A diagnosis of specific hemiplegia was made and biniodide injections instituted. In the succeeding days the motor power diminished further; but there was no vomiting, neck rigidity, nor Kernig sign. Ten days after admission the temperature rose to 39° C. and paresis of the right leg appeared. Lumbar puncture revealed marked hypertension, pronounced lymphocytosis, and tubercle bacilli. The meningitic syndrome became complete only four days later, and after a like period the patient succumbed. The autopsy showed a few small tuberculous lesions in the lung apices. On the upper border of the right cerebral hemisphere was found a thick, granulomatous area slightly smaller than a silver half dollar. A few grayish patches representing incipient tuberculous granulations were noticed in other portions of the pia mater.

Brosius, O. T. A REPORT OF AN UNUSUAL CASE OF CEREBRAL MALARIA. [Proc. Med. Assoc. Isthmian Canal Zone, 1916, July to Dec., Vol. 9.]

This case is of interest because of the fact it occurred with an epidemic of anterior poliomyelitis. The patient, a girl of 11 years, exhibited along with a febrile temperature the following symptoms: Supine semiconsciousness, with the head retracted, the neck rigid, and the eyes rolling upwards; the right arm and leg in a state of flaccid paralysis; no knee-reflex on either side; Kernig sign on the left side. After a careful physical examination, a blood smear was made and revealed both benign tertian rings and subtertian crescents; and a lumbar puncture was made with a negative result for microorganisms. The case responded to quinine, and on the fourth day of treatment she had practically regained her normal state.