without any accompanying lachrymation, so that the relation between the cause and effect is not apparent. Such cases ought to be examined thoroughly. He thinks that neuralgias and tics of the face should be considered as pathologic reflexes, and that the origin of these reflexes should be sought for, especially in the region of the lachrymal ducts, before having recourse to surgery which only interrupts the reflex circuit.

BONAR.

37. OPTHALMOPLÉGIA INTERNA BEI MIGRAINE OPTHALMOPLÉGIQUE (Internal Ophthalmoplegia in Ophthalmoplegic Migraine). E. Troemmer (Centralblatt für Nervenheilkunde und Psychiatrie, Oct., 1899, p. 577).

A woman of thirty-eight years of age had headaches since her twenty-first year, with the exception of a period of five years. The mother and sister of the patient also had headache. The patient's pain was sometimes on the right side of the head and sometimes on the left; it began almost every day in the morning, and was often associated with redness and swelling of the cheek and ceased after or during a long sleep. The headache, which had almost disappeared during a period of five years, returned after a fright caused by the sudden death of the patient's husband. On the second or third day after the pain again began the woman noticed that the vision of the right eye was impaired and that the right pupil was very large. Examination showed that the right pupil did not react to light or in convergence and reacted very imperfectly in accommodation. After three or four months considerable improvement in the ophthalmoplegia occurred. No other case of internal ophthalmoplegia associated with migraine seems to have been reported.

SPILLER.

38. UEBER PERONEUSLÄHMUNG BEI TABES (Concerning Paralysis of the Peroneal Nerve in Tabes). Finkelnburg (Monatsschrift für Psychiatrie und Neurologie, Vol. 6, No. 4, Oct. 1899, p. 286).

Peroneal paralysis has occasionally been seen in cases of tabes dorsalis. Finkelnburg reports two cases in which the paralysis in the distribution of the peroneal nerve resulted from pressure, therein differing from the other cases of tabetic peroneal paralysis in the literature. In the first case the pressure was caused by the position of the legs maintained for a long time, but alcoholism and tabes rendered the peroneal nerve more liable to injury from slight pressure. In the second case an arthropathy of the knee caused pressure on the peroneal nerve.

SPILLER.

PATHOLOGY.

39. UEBER DAS GONOCOCCENTOXIN UND SEINE WIRKUNG AUF DAS NERVENSYSTEM (On the Gonococcus Toxine and Its Action on the Nervous System). Maltschauoff (Münchener medicinische Wochenschrift, 46, 1899, No. 31, p. 1013).

The author describes the changes found in the nervous system after the action of gonococcus toxine; in white mice, guinea pigs and rabbits.

As a culture medium for the gonococcus he used peptone agar, with hydrocele fluid, while for toxine production, the organism was allowed to grow in a mixture of equal parts of bouillon and hydrocele fluid. Cultures, 20 to 25 days old, in which the cocci had been killed by heating at 70° C. for 15 minutes, but which were used unfiltered, were found by the author to be most toxic.