Bing, R., and Schwarz, L. STEREOGNOSIS. [Schweiz Arch. f. Neur. u. Psych., Vol. 4, No. 2.]

In this elaborate study the authors show that there is a cortical lesion when the subject is unable to recognize objects by touch, the sensory and perceptive powers being unmodified. When the cortical lesion is diffuse there is loss of secondary tactile identification, but usually it is a symptom of a focal vision. This focal vision is usually at the middle third of the parietal ascending convolution and the parietal lobe on the opposite side from the astereognosis. In one patient the astereognosis of the left hand was so pronounced that, with the eyes closed, the man was unable to tell a coin from a pencil, a watch from a box of matches. Other symptoms also suggested a tumor in the brain; they had come on suddenly and by the tenth day left hemiparesis developed. Consent to proposed operations was deferred and the patient died seventeen days after the onset. On necropsy an abscess was found at the point specified above while the parietal lobe and the supramarginal gyri were intact. The findings confirm Head's statements regarding cortical localization.

Friedman, E. D. CORNEAL ANESTHESIA IN HEMIPLEGIA. [June 21, 1919. J. A. M. A.]

In coma of moderate degree E. D. Friedman has found that unilateral corneal anesthesia evidenced by absence of the corneal reflex (winking), is a valuable diagnostic point differentiating hemiplegia from other forms of coma. The lesion must be sensory, for if it were motor, as stated by Milian, the consensual reflex would still be present on the other side. The corneal anesthesia may be due to the presence of sensory fibers in the motor pathways. Diagnosis between hemiplegia and uræmia is important, as it affects the treatment. The reflex is best elicited by carefully passing a small blunt object along the conjunctiva to the corneal margin.

Jefferson, G. GUNSHOT WOUNDS OF SCALP: NEUROLOGIC SIGNS PRESENTED. [Brain, 42, 1919, Pt. 2. J. A. M. A.]

The observations recorded by Jefferson are based on a series of fifty-hour unselected average cases of scalp wounds as seen at the base in France. A large number of the patients showed generalized signs; a history of unconsciousness, complete or partial, with vomiting, nausea, headache, and exaggeration of the tendon jerks generally. Only five patients out of the whole series showed no positive neurologic signs at all. In ten more the only symptom complained of was headache, but this was often so severe and the patients were mentally so dull for a short time that it was evident that the brain had received a severe shaking up. One fourth of the patients allege that they were actually unconscious for brief periods, while another fourth were stunned, frequently being knocked down by the impact of the missile. Headache