thyroid gland to hypothyroidism. On the other hand, much of the thyroid substance on the market is not active, but the simultaneous addition of a little iodid will make it so.

MULTIPLE CEREBROSPINAL SCLEROSIS. F. X. Dercum. (J. A. M. A., November 2, 1912.)

The author publishes a carefully reported case of multiple cerebrospinal sclerosis, presenting such marked symptoms of paresis that it was even diagnosed as such by this experienced neurologist. The diagnosis was favored to some extent by the fact that the patient's father had been treated many years before by Dr. Dercum, for a primary specific sore, and later developed tabes. In the period between these events the patient was born. Microscopic examination of the brain and cord, however, revealed the actual conditions, a multiple cerebrospinal sclerosis. The case illustrates the importance of the cortical localization of lesions in relation to the symptoms produced. Thus, as Dercum points out, other more or less similar cases have been reported resembling mixed forms of multiple sclerosis and paresis as regards their clinical features and capable in causing confusion in diagnosis.

A CASE OF TRAUMATIC CEREBRAL ABSCESS. G. Fiore. (Clinica Medica Italiana, II, 1911.)

A child seven years old was hit with a stone in the occipital region. The wound suppurated, but healed rapidly under treatment. One month after the injury the child was suddenly seized with a violent headache, and the temperature rose abruptly to 39.9 degrees, then fell below normal, and continued throughout the course to fluctuate, with a tendency to hypothermia.

On admission the child presented a group of apparently constant symptoms: slight facial paralysis, more marked in the inferior branches, a moderate bilateral ptosis, paralysis of the right abducens, left hemiopia and dragging of the left leg in walking. The cutaneous and tendon reflexes on the left side were exaggerated. A marked and progressive increase in the intracranial pressure was indicated by slow and irregular pulse, headache, vomiting, stupor and unconsciousness, dissociated movements of the eyeball, divergent strabismus, mydriasis and choked disc. A lumbar puncture was followed by a temporary improvement. The pressure was 25 mm. Hg. and the fluid showed the characteristic signs of inflammation. Two other symptoms of great interest were the local rise of temperature in the left occipital region, and a manifest influence of the position of the head on the pulse, which became almost imperceptible when the head was rotated and flexed to the left (with the patient in the supine position) so that the occipito-frontal diameter became almost horizontal.

The author calls attention to the possibility of cerebral abscess following head injuries of apparently slight importance, especially suppurating scalp wounds, and without any bone lesion. This case illustrates further that the abscess may manifest itself by sudden and well marked, though transitory rise of temperature and signs of cerebral compression. The factors causing rise of temperature in brain abscess are of great importance and indicate that the abscess disturbs the thermo-regulating mechanism of the cerebellum. The local rise of temperature is probably the most valuable diagnostic sign.