shows surprising and at first sight contradictory results. While insisting throughout upon the superior importance for speech, in most persons, of the auditory centre, the author thinks that some cases of speech preservation where the auditory centre was destroyed, may be explained by the theory that the affected individuals were "strong visuals." In other apparently anomalous cases, extending over years, the original injury may have been less extensive than that found after death. In those cases in which power of speaking has been gradually regained, he thinks that the right auditory centre may have been by degrees educated to act through the commissural fibres upon the glosso-kinæsthetic centre of the left side. He explains the cases of word blindness without agraphia, by assuming that, the subjects being strong "auditives," the cheiro-kinæsthetic centre was influenced directly from the auditory centre. The cases of destruction of the centres in both hemispheres are so few and their histories so incomplete that the author does not attempt to explain their symptoms at any length. For a discussion of the forty-three cases mentioned, see the original. In his other paper the author gives a very complete history extending over eighteen years of a remarkable case of speech defect, in which, though the autopsy showed complete destruction of the angular and marginal gyri, of the superior and part of the middle temporal convolutions, and of part of the ascending frontal, second frontal, and ascending parietal convolutions on the left side, Broca's region being uninvolved, there was neither word deafness, word blindness, nor agraphia. Spontaneous speech was however very limited, and though the patient could read and understand what he read, and could copy with his left hand, he could neither write spontaneously, nor from dictation, nor could he read aloud.

ALLEN.

271. PARALYSIS OF THE SIXTH NERVE FOLLOWED BY DIPLEGIA: RECOVERY. Wood (Brit. Med. Jour., Apr. 3, 1897).

The author reports an interesting case, apparently of acute toxic or infectious origin, but thrombosis was not excluded.

A healthy lad of 18, of gouty heredity, gradually developed during two days, paralysis of the right sixth nerve and in the succeeding five days, left hemiplegia, including the lower part of the face. The orbicularis palpebrarum and the frontalis were not involved and sensation was normal except for a feeling of numbness on the paralyzed side. The hemiplegia rapidly improved and in two weeks had quite disappeared, but four days before this, distinct bulbar paralysis came on and in five days had become very marked, the tongue, lips, pharynx and probably larynx being affected. From this condition the patient also rapidly recovered and a month later was practically well excepting the abducens paralysis, a trace of which remained five months after the beginning of the trouble.

The author seems unwilling to make a diagnosis, but likens the case to an acute poliomyelitis of the medulla and pons—a comparison that seems to us to be eminently rational. PATRICK.

272. THYROID CHLOROSIS. Dr. Capitan (The Medical Week, 5, 1897, p. 609).

Dr. Capitan, noting the well known fact that in chlorotic subjects the thyroid gland is frequently enlarged, states that Professor Hayem has found this to be the case in twenty-nine patients out of thirty-five under his observation. The goitre is usually very small and very soft, though sometimes it is pulsating, in which latter case