Patient *hears words* and understands them, but comprehension is often disturbed. He recognizes and sees objects; sees letters and denominates them; speaks little spontaneously; reads aloud correctly; writes well spontaneously; writes well on dictation. Also these symptoms the author explains by interference of the fibres which connect the acoustical image and the centre of comprehension. The speech disturbance can also in this case be denominated: transcortical sensory aphasia, inasmuch as the principal trouble was found in the comprehension of words, which were well heard and usually well understood.

Patient was operated upon and succumbed afterwards, the tumor being too large to be removed. Nearly the entire frontal half of the temporal lobe was involved in the tumor mass.

MUSKENS (Hague).

A CONTRIBUTION TO THE STUDY OF TYPHOID MYELITIS. Lepine (Revue de Médecine, Nov. 10, 1903).

The author reports a case of myelitis occurring in typhoid fever and undoubtedly caused by the bacillus of Eberth. The patient, a janitor living in very bad hygienic conditions, was admitted to the service of Dr. Lepine with marked and typical symptoms of typhoid fever. There was hyperpyrexia and a sub-delirium which made his examination difficult. The Widal serum reaction was positive. At one time he developed symptoms of perityphlitis, marked tenderness in the right iliac fossa and rigidity of the right rectus muscle. Hemorrhages occurred frequently but were small in amount. On admission it was noted that there was weakness in both lower limbs, and voluntary movements, while possible, were incoördinate. Knee-jerks and Achilles jerks were exaggerated, and the Babinski reflex was present on both sides. Three days after admission paralysis was complete in both legs, flaccid in character, cutaneous sensation much diminished, knee and Achilles jerks lost. He developed incontinence of urine and feces. There was no pain. Nine days after admission he developed decubitus. The patient died after an illness of fourteen days, and an autopsy was held fifty-six hours later. The intestine showed lesions typical of typhoid fever, ulcerations extending even up to the duodenum. There were signs of peritoneal involvement in extensive adhesions and discoloration. The liver was deeply congested and the spleen enlarged and softened. The brain and spinal cord were carefully removed and examined, and a résumé of the results show: A lepto-meningitis of the spinal cord, and in scattered areas over the cortex cerebri; there was an anterior poliomyelitis in the lumbo-sacral region, with a central myelitis and some changes in the white matter, mostly in the anterior and lateral columns. A great increase in the quantity of cerebro-spinal fluid was noted and insignificant lesions were found in others parts of the nervous system. During life the diagnosis of myelitis was made, on account of the absence of pain, the general paralysis of the lower limbs, the sphincter trouble and trophic changes. The autopsy proved the correctness of this diagnosis, while the typhoid nature of the disease is shown by the clinical history, the serum test and the presence of intestinal lesions. Paralysis of both lower extremities in cases of typhoid fever has been reported by a large number of observers, and in some cases with autopsy a myelitis has been found. Lepine states that there certainly is such a condition as typhoid myelitis, and he believes it to be of vascular origin on account of the distribution of the lesion and the round celled infiltration surrounding the blood vessels.

C. D. CAMP.

INTRACRANIAL TUMORS. I. W. BLACKBURN (Journ. American Medical Association, Nov. 7, 1903).

Can the term *meningeal endothelioma* be applied to a certain class of brain tumors? The writer reports seventeen such growths showing the structure of spindle cell sarcomas, which he designates as *endothelial*.

They arise from the dura as circumscribed warty growths compressing, but not infiltrating the substance of the brain. Their slight attachment to the dura has frequently led to the erroneous supposition that their origin was within or from the cerebral tissue. Their location was more commonly at the base of the brain and the ease with which they could be "shelled out" from the surrounding tissues invites surgical intervention for accessible growths of this character with focal symptoms. Some objections exist to classifying these tumors with sarcomas, and these are recognized in the rather naive statement that they cannot be classed with any other division of morbid growths, consequently must be placed with the sarcomata or in a class by themselves. The absence of metastatic growths or regional extension, the thickened and hyaline blood vessels they contain, and the disposition to undergo fibrous transformation and degenerative changes, especially calcification, are all in marked contrast to the characteristics of malignant tumors; they would denote instead the healing and cicatrizing inflammatory processes associated with large amounts of granulation tissue, or perhaps more closely ally these neoplasms to benign neuroplastic tumors. In two cases their origin from the endothelium of the arachnoid villi was demonstrated. A tumor of this sort described by Brower in 1901, was termed peri-endothelioma.

W. B. NOYES.

NERVE IMPULSE. A Lehmann (Pflüger's Archiv, June 26, 1903).

One is reminded of Matthews' ingenious electrophysical theory of the origin of the nerve current, by the new hypothesis worked out in Copenhagen by this author. He holds that a living nerve, when thrown into functional activity, behaves in its electrical relations as a series of contiguous concentration chains, which come into play in such a manner that the stimulus occasions a change in concentration and hence arouses electromotive force.

JELLIFFE.

MULTIPLE SCLEROSIS WITH PSYCHICAL SIGNS. J. F. Kaplan (Roussky Vrach, No. 35, 1903).

Cases of atypical multiple sclerosis, not fully corresponding to the descriptions as given in some text-books, have been reported by many, and especially by Charcot and his disciples, and it is sometimes difficult to distinguish the cases in which the cerebral symptoms predominate from general paralysis of the insane. An interesting case is reported by Kaplan in a field laborer, thirty-six years of age, with a clean personal and family history. Caught a severe cold some seven to eight years ago, after which he was confined to bed for twelve days, during which time "he neither spoke nor ate; was in a dying condition." After convalescence could hardly walk about, acted very strangely, threatened to kill and murder the people around, and even attempted to kill his own son; it was also noticed at that time that he walked with difficulty, frequently staggered, could not keep his head straight, and his speech became impeded; has also made frequent attempts at suicide. On examination of his nervous system it was elicited that the pupils, of normal appearance, reacted well both to light and accommodation; no nystagmus; fundus oculi normal. When at rest muscles of face and tongue normal; but when speaking the pronunciation is not clear, individual words merge, as it were, one into another, and then break off; the beginning of the word is clear, but its ending loses any definite character; every muscle in the face participates in his attempts to speak, whereby the face takes on frequently a smiling aspect, evidently beyond patient's control. No bulbar symptoms. Trembling of head and muscles of arms, most noticeable when patient walks or makes any motion with his arm; the latter became so pronounced that at times it was necessary to feed the patient. Muscles normally developed; no ataxia; reflexes, both tendon and skin, exaggerated; no ankle clonus. The gait is uncertain, as if patient is not sure of his ground; the steps are unequal, either