Kernig's Sign in Meningitis. (*Amer. Journ. Med. Sc.*, Nov., 1899.)
Herrick, J. B.

If the patient assumes the sitting posture with the thigh at right angles to the trunk, or if, lying upon the side or, better, upon the back, the thigh be flexed to a right angle with the body, then, if meningitis be present, it will be found that extension of the leg at the knee is strongly resisted; this is Kernig's sign, and the investigations of Bull, Hensch, Friss, Blümm, and more recently Netter, confirm its value. Dr. Herrick adds nineteen cases of meningitis, in seventeen of which the sign was present, *i. e.* a percentage of 89.4. Rise of intra-cranial pressure does not appear to be the cause, as Bull has suggested.

HARRINGTON SAINSBURY.

Diagnosis of Locomotor Ataxia. (*Medicine*, Nov., 1899.)
Patrick, H. T.

The typical case of this disease with pronounced inco-ordination is recognised at a glance, but inco-ordination may delay many years, hence the importance of diagnosing the disease manifesting itself by such symptoms as "pains, uneasiness, or numbness in the legs or elsewhere, failure of vision, ocular paralysis, bladder trouble, refractory constipation or rectal tenesmus, 'bilious attacks,' or attacks of gastralgia, diminished sexual power, anæsthesia of the face, indolent ulcer of the foot." Dr. Hugh Patrick discusses this problem in short compass but very clearly.

HARRINGTON SAINSBURY.

A Case of Mental Torticollis [Un cas de torticollis mental]. (*Novv. Icon. de la Salpt.*, Nov.—Dec., 1899.) Noquès and Sirol.

Drs. Noquès and Sirol report a case of this particular form of spasmodic wry-neck described by Brissaud. Under the influence of the will the spasm would momentarily cease, and a pressure on the side of the nose, cheek, or chin, wholly inadequate to overcome the spasm, would abolish it. The patient showed evidence of a neurotic taint as a stutterer by inheritance.

HARRINGTON SAINSBURY.

Two Cases of Hemiplegia with Hemianæsthesia. (*Arch. de Neur.*, Oct., 1899.) Mongour and Gentes.

(1) Female, æt. 65 years, was seized suddenly with apoplexy and complete left hemiplegia with left hemianæsthesia. About a month later the anæsthesia was replaced by hyperæsthesia. At the autopsy (death two months after seizure) a cerebral hæmorrhage was found which had destroyed the posterior third of the lenticular nucleus and optic thalamus, and the posterior third of the lenticulo-optic segment of the internal capsule.

(2) Male, æt. 68 years, was seized with sudden right hemiplegia (complete) and progressive right hemianæsthesia. The post-mortem (death occurring nine days after the seizure) revealed old cerebral softening, with a cerebral hæmorrhage having destroyed especially the posterior part of the lenticular nucleus and the posterior third of the lenticulo-optic segment of the internal capsule. The nature of the hemianæsthesia in these cases is discussed.

H. J. MACEVOY.