the injury. The successive involvement of motor functions, which have usually been attributed to encephalitis, under the name of "local symptoms," are also met with in meningitis without red softening, and are due to the paralysis of the motor centres demonstrated by Fritsch and Hitzig, in the cerebral cortex, the nutrition of which is probably affected by the inflammation of the very intimately connected pia-mater.

The symptoms of basilar meningitis are apparently quite different from those of the above described form. It arises from injury of the base of the skull, and has a tendency rather to involve the envelopes of the cord, than to ascend toward the vortex. Paralysis is absent, or is limited to the regions innervated by the cranial nerves; but with the implication of the cervical cord, the symptom of stiffness of the cervical muscles is met with. The diagnosis is often rendered difficult by reason of the severity of the injury of the head, and the quickly following long affections.

LEAD PARALYSIS.—The following is a *resumé* of a communication made to the Soc. de Biologie, July 1, as reported in *Le Progrès Médical*.

1. Saturnine paralysis may commence either in the extensor of the little or the index finger.

2. The muscles of both hands may be equally paralyzed in painters.

3. The muscular contractility may progressively disappear in the various bundles of the deltoid.

4. The short extensor of the thumb frequently preserves its proper contractility after the other muscles are paralyzed.

5. The biceps are sometimes paralyzed.

6. The loss of electric contractility may precede that of muscular contractility.

7. When the muscles of the posterior face are paralyzed or atrophied, the electric current passes with the greatest facility in the flexor muscles.

8. There exists a saturnine hemiplegia.

9. Chronic lead poisoning may engender other cerebral disorders, choreic movements, ataxia, tremors, etc., susceptible of being cured.

10. Mercury can produce paralysis, exactly like those from lead, as has been demonstrated by M. Gubler.

11. Saturnine colic, according to M. Gubler, has its seat in the intestinal walls; in fact, we cannot cause pain by pressure on the abdominal muscles alone, while if we press on the intestines we cause one that is unbearable. Muscular pain of the abdominal walls may exist in the subjects of lead colic; we have made it disappear with the greatest facility, by electrization, as in the case of the ordinary myosalgia; M. Gubler has likewise observed this.

TRANSITORY ALBUMINURIA IN DELIRIUM TREMENS.—Weinberg, *Berliner klin. Wochenschr.*, calls attention to the temporary albuminuria noticed in delirium tremens. He has observed it in 33 per cent. of the cases under his care at the Hamburg general hospital, and in eleven cases he has satisfactorily ascertained that it coincided in its appearance and its cessation with the delirium, beginning with a mere trace of albu.

men in the urine, the quantity increasing with the intensity of the disease, and gradually decreasing as recovery advances. At the height of the disease the quantity of albumen sometimes reached one-tenth of the volume of the urine. In none of the cases was there any complication of other disease, the bodily temperature did not rise excessively, nor was the pulse abnormally frequent, nor were there found any casts indicating kidney disease.

He thinks that the albuminuria indicated plainly a disturbance of innervation, and disregards the nature of the disturbance, while in some of the cases there were symptoms of cerebral irritation; in others the signs were those of collapse.

The treatment used by the author consists in isolation, good nourishment, small doses of whisky, after the asthenic condition was developed. In about thirty per cent. of the cases, chloral hydrate was employed, generally toward the close of the attack. Still, he has found many cases to recover without any medical treatment whatever.

THE NEPHRITIC CRISES IN LOCOMOTOR ATAXIA.—Dr. Maurice Raynaud, at the meeting of the Acad. de Médecine, Paris, Aug. 1, presented a communication on the subject of the attacks of nephritic colic in progressive locomotor ataxia, which, as reported in *L'Union Médicale*, was, in substance, as follows:

The end of this memoir, said the author, is to render obvious that it can be shown that, in the course of locomotor ataxia, painful attacks, that in their location and physiognomy present the strongest analogy with colic caused by nephritic calculus, may become the objects of a very difficult diagnosis.

The author, having given, in detail, the history of a case which formed the text of the paper, summed up as follows:

The essential features of this lengthy observation, the capital and most important symptoms, are the paroxysmal attacks of pain, becoming extremely intense, and which, in view of their general cause, may be divided into three periods; a first during which they are separated by intervals of nearly perfect health; a second, in which they become, after a fashion, sub-intrant, and as they increase in frequency they lose in intensity; the general depreciation of the organism is already evident; and a third and last, in which the crises gradually give place to a profound and continued series of painful symptoms, which clearly approach some of those of pulmonary phthisis.

The characters of the pain, its location, the objective phenomena of the attack, especially the retraction of the testicle of the affected side, and the notable diminution of the quantity of urine during the attack, reaching almost complete anuria in some cases, and often accompanied with vesical tenesmus, have all a great resemblance to nephritic colic from calculi.

Therefore the author gives with care the differential characters of the ataxic seizure and true nephritic colic; the long duration of the attack, it lasting sometimes, four, six, and even eight days, without interruption—a thing altogether exceptional in cases of true nephritic colic; the frequency of their return, which may be almost an incessant repetition, un-