a multiple intracerebral dose of a highly potent virus, which was a hundredfold severer exposure than that to which persons were exposed in the natural infection; and it produced neutralizing substances in the blood in such concentration as should be amply able to combat the comparatively mild infection which might lodge on the mucous membrane of persons exposed to poliomyelitis. Furthermore, the series of infections were completed in five days, which rendered it highly practicable in time or epidemic. It could be easily prepared from the glycerolated virus which might be kept on hand over a long period of time without deterioration and required only moderate laboratory facilities.

McCann, Gertrude. MITOCHONDRIA IN POLIOMYELITIS. [*Jl. Exp. Med.*, Vol. 27, 1918, p. 31.]

Mitochondria were plainly visible in the spinal ganglia cells of monkeys who had experimental poliomyelitis. In the usual cell mitochondria and small Nissl granules are very similar but they persist after the disappearance of the typical Nissl granules and in cells undergoing neurophagia mitochondria threads are not infrequent in the protoplasm. [J.]

Regan, J. G. MACEWEN'S SIGN IN POLIOMYELITIS. [*Am. Jl. Children's Dis.*, July, 1918.]

This sign was tested by the author in 1798 patients during the epidemic in 1916. In the preparalytic stages he found it fairly constant and definite. In the early paretic phases its presence was demonstrated in 80 per cent. of the cases. Its persistence in respiratory cases was a marked characteristic. The degree was proportionate to the pressure and quantity of spinal fluid removed. When Macewen's sign was marked, the fluid was usually under marked pressure. If slight the fluid would merely flow rapidly.

5. CEREBELLAR SYNDROMES.

Kirmisson, E., and Trétiakoff. ECTOPIA OF THE CEREBELLUM IN AN INFANT OF TEN WEEKS. [*Arch. de Méd. Des Enfants*, 1917, XX, p. 412.]

A rather puny, bottle-fed infant girl had what seemed to be an enormous meningo-encephalocele of the occipital region, situated slightly to right of the middle line. Patient's father unknown: mother has good health, but has a dermoid cyst of eyebrow. The tumor was biloculated, 6 cm. long, 13 cm. circumference. Skin over its free portion was very thin. Its tension was not very great: still, pressure over it was transmitted to the anterior fontanelle. It seemed transparent, and was thought to contain no nerve elements. It was irreducible, and pressure on it failed to produce convulsions. There were also some palatal anomalies. As rupture was feared on account of the thinness of its coverings, and there was an absence of cerebral symptoms, opera-