

quite free from disease. The pia mater always showed pathological changes. Inflammatory foci were found in the oculomotor nerves (almost exclusively in their intracranial course), rarely in other cranial nerves, and still more rarely in the spinal roots. In most cases there was some focus of inflammation in the gasserian ganglia. The disease is an infective one, according to Guizzetti, due to some specific organism propagated by way of the blood vessels, as is suggested by the changes in the veins and the form of the inflammatory centers at the onset. Conveyance of the infection through the lymphatic sheaths of the nerves is excluded, since the inflammatory lesions in the cranial nerves were usually limited to their intracranial course. Whatever the germ may be, its action is relatively mild, as shown by the lymphocytic type of infiltration, the limited type of karyokinesis, and the constant absence of true necrosis. Three weeks from the onset the germs begin to disappear and processes of repair are in evidence.

Demole. LETHARGIC ENCEPHALITIS WITH COMPLETE INTERNAL OPHTHALMOPLEGIA. [Rev. méd. Suisse rom., June, 1920.]

A boy, aged 13, with lethargic encephalitis, showed dilated and unequal pupils, with loss of light and accommodation reflexes. An external ophthalmoplegia consisted of slight ptosis only, and was of shorter duration than the internal ophthalmoplegia.

Cramer. ENCEPHALITIS LETHARGICA IN HOLLAND. [Nederl. Tydschrift voor Geneeskunde, 1920.]

The grippe epidemic which existed in Holland during the period April–August, 1919, but in a vanishing stage, was attended by cases of the new sleeping malady reported by a number of Dutch physicians. One spoke of encephalitis gripposa and cerebral grippe. It was thought that the influenza was returning in a new wave. The author has recently seen in Utrecht a typical case of sleeping sickness which was not associated with influenza and which, studied in great detail, shows a distinct behavior throughout. He next compares his case critically with those seen during 1918 and 1919 and concludes that the type is the same. Attention is called to grippal encephalitis seen in cases of grippe pneumonia as an entity which differs from primary encephalitis. The author does not attempt to exclude the hypothesis that sleeping sickness may be a parainfluenza—a special form due to a neurotropic strain of the grippe virus.

Dessy and Grapiolo. LETHARGIC ENCEPHALITIS. [Rev. Sud-Amer. de Endocrin., July 15, 1920.]

Three cases of lethargic encephalitis are here reported from Buenos Aires, where the disease is little known. In each case they isolated from the cerebrospinal fluid a diplostreptococcus whose morphological