

lack of delicacy in differentiation. Knee-jerks were absent. At midnight the facial muscles became involved and speech indistinct. The pulse was rapid and intermittent and cyanosis set in. One hour later death ensued. No autopsy was obtained. Rowden calls attention to the rapid course of the disease, the descending character of the palsy, the very slight impairment of sensation, the absence of rigidity, twitching pain, or spasm, the unimpairment of the mental faculties and the control of the bladder and rectum. He does not regard the trauma as a causal factor.

WITMER.

BROWN-SÉQUARD'S PARALYSIS. Woods, of Philadelphia (*Amer. Journ. the Med. Sci.*, Aug., 1900).

The author records a case with the clinical symptoms exactly as described by Brown-Séquard in hemisection of the spinal cord. The patient was stabbed in the back of the neck, and as a result suffered from paralysis of the left arm and left leg. The reflexes were normal, but there was incontinence of urine. On the fourth week some slight power was returning to the left hand, and the next week to the left leg. In the seventh week he was able to walk awkwardly, there still being present a paresis and dragging of the leg. A year later, at the Pennsylvania Hospital Dispensary, he was found to have an excessive knee-jerk and some ankle clonus in the paralysed leg. In the paretic arm the tendon reflexes were also exaggerated. As regards sensory alterations they closely conformed to Brown-Séquard's type—namely, hyperalgesia and tactile hyperesthesia in the paralysed limb, anesthesia and analgesia in the non-paralysed limb. Muscular sense and consciousness of position were lessened in the paralysed limb, but unaltered in the non-paralysed limb. Thermal sensibility was lost in the sound limb and increased in the paralysed limb. In surface temperature the paralysed leg was warmer. Similar differential conditions prevailed as regards the paralysed and non-paralysed arms, and the facts confirm the view of Brown-Séquard that the paths of tactile and painful sensibility decussate after entering the spinal cord.

JELLIFFE.

ARSENICAL PERIPHERAL NEURITIS. Several authors (*British Medical Journal*, Dec. 1, 1900).

A number of observers have reported on a severe epidemic of poisoning by arsenic in the districts about Liverpool and Manchester. The cases of poisoning have occurred in patients who were beer drinkers, and one case is reported to have been the result of arsenical poisoning in stout. The investigation committee of the British Government, as well as the earlier observers, are reported to have found the arsenic in the glucose used in the manufacture of the beer. The symptoms noted have been many and quite bizarre in their distribution. Eruptions of the skin were common, consisting of herpes, erythematous and papular eruptions, scaly desquamation and a peculiar pigmentation, at times suggesting the bronze coloration of Addison's disease. The urinary organs were not often involved; hepatitis was not infrequent and the general digestive disorders were diarrhea, epigastric pain, anorexia and vomiting. Nervous systems were very common and severe in character. Tremor was almost universal, the knee-jerks were diminished or abolished. Numbness, tingling, pain and cramps in the extremities almost invariably pre-