

functional activity of the right as well as of the left centre, especially as many of the nervous disorders due to alcohol are bilateral.

[If word-hearing were normal, and spontaneous writing were possible in this case, there might be some doubt as to the propriety of locating the lesion within the speech zone of the left cortex.]

SPILLER.

THE SIGNIFICANCE OF HERPES LABIALIS IN THE DIFFERENTIAL DIAGNOSIS BETWEEN SUPPURATION AND TUBERCULOUS MENINGITIS. From Prof. Eichhorst's Clinic, University of Zürich.

Dr. A. Habel (*Deutsche Med. Wochenschr.*, Oct. 15, 1896) publishes a case of tuberculous meningitis in a young woman that ran subacute course, during which herpes labialis developed. Lumbar puncture was made but no fluid could be aspirated. The conclusions reached are: I. Herpes labialis is a rare symptom in tuberculous meningitis, but by no means excludes it, as maintained recently by F. Klemperer. II. Lumbar puncture is, in most cases, an excellent means of diagnosis, but frequently fails to reveal tubercle bacilli, and even fluid in the dura sack. III. In the aspirated fluid, mucous coagulations are found that indicate the tuberculous nature of the disease.

MACALESTER.

UEBER MENINGITIS SEROSA UND VERWANDTE ZUSTANDE. [Concerning Meningitis Serosa and Related Conditions.] *Deutsche Zeitschrift für Nervenheilkunde*. Band 9, Heft 3 u. 4. By H. Quincke.

Quincke reports a number of new cases of this form of meningitis, which at the autopsy usually presents no notable findings. He calls attention to the difficulty of making a diagnosis, which may be lessened by the lumbar puncture. The exudation in many cases is like that seen in joints, and in the acute circumscribed oedema of the skin and mucous membranes. It is probable that there are gradations from the purely physiological to the inflammatory exudations. It is not unlikely that in severe forms of migraine an actual meningeal exudation is present.

He recommends the use of mercury and the salicyates for the serous meningitis. Lumbar puncture relieves the pressure.

SPILLER.

EIN FALL VON POLYNEURITIS MIT MULTIPLER SCHWIELENARTIGEN GRANULATIONSGESCHWÜLSTEN DER HAUT (A Case of Polyneuritis with Multiple Callous Granulomata of the Skin). *Deutsche medizinische Wochenschrift*, No 45, 1896. By A. Fraenkel.

Fraenkel reports a case of multiple neuritis, in which the left facial nerve was also affected, with dermal tumors in the extremities. These developed in the beginning of the disease and were symmetrically arranged. Histologically, the tumors resembled the granulomata. They consisted of small round cells, large epithelioid cells, spindle-shaped and giant cells. As bacilli could not be demonstrated and inoculation gave negative results, the process was not regarded as tubercular. The patient denied syphilitic infection and presented no signs of the disease. Gummata of the skin, if not cured by anti-syphilitic treatment, usually soften and ulcerate, or more rarely contract in consequence of central caseation. In this patient contraction of some of the tumors was observed as long as the treatment was continued, and the contraction involved the whole of the growths. There was no epidermal desquamation and no pigmentation. It has not been positively shown that syphilis causes multiple neuritis. The patient had been exposed to lead poisoning. The facial paralysis, the severe paræsthesia and spontaneous pain, the sensitiveness to pressure of the nerves, skin and muscles, are difficult to explain as symptoms of lead intoxication. Facial paralysis is rare, and granulomata of the skin seem to be unknown in saturnine poisoning. It is possible that the