is dependent upon the ependyma epithelium, and its secondary cavities communicate with the central cavity, the newly formed cavities of the former result from the disintegration of newly formed neuroglial tissue, which has been deposited around the blood vessels of the anterior cornua, obliterating them and thus depriving the nervous substance of its due nutriment. This affection exists in the adult and in old persons, and is occasionally associated with sclerosis of the posterior cornua, explaining thus the existence of tabetic muscular atrophies. E. N. B.

Was it Leprosy?—Drs. Sevestre and Mery presented a little patient, four years and a half old, to the Hospital Medical Society (*Le Mercredi Medical*, Feb. 15, 1893), about the diagnosis of whose complaint there was considerable discussion by the different members. During the year of 1889-90, a very pronounced and generalized muscular atrophy declared itself. Towards the end of the year, there was extreme tendinous retraction, and various trophic troubles, such as swelling of the articular bony extremities, pemphigus of the fingers, etc. The muscular atrophy is symmetrical, although certain parts of the body are less affected than others, as for instance, the hands and the feet. The tendinous retractions are more marked in the flexors of the fingers (mains en griffe) and at the knees, which are always half flexed.

In despite of a very notable atrophy, the little patient is able to execute every movement with facility, in so far as not prevented mechanically by the tendinous retraction. Marked fusiform enlargements of the nerves are found, of those of the arms in particular; also of the subcutaneous nerves of the thigh and leg.

Cutaneous depressions and adherences exist. The skin looks as if drawn inwards by sclerous bands of subcutaneous tissue. On the thigh, to the inner side of the trochanter, there is a deep depression of this nature, appearing as if made by a blow of an ax. In some of the adhering points the skin is discolored. Sensibility is normal, aside from a possibly slight degree of hyperæsthesia. Reflexes normal. The moniliform condition of the nerves, the trophic disturbances (pemphigus, etc.), the peculiar nature of the muscular atrophy, would permit of the diagnosis of leprosy, of the nervous type, but anomalous by reason of the sensibility being normal. Against the acceptance of the diagnosis of leprosy can

be opposed the complete absence of anæsthesia, coincident with a so pronounced degree of muscular atrophy (Brocq.); the nodular form of the nerve hypertrophies, those of leprosy being of the fusiform type (Thiberge), and which would suggest the possibility of tuberculosis (Rendu). It is also possible that the entire trouble be due to the articular and osseous lesions (Raymond, Marc), as would be indicated by the fact that the atrophy has almost completely respected the hand while being very pronounced in the muscles of the forearms and arms, owing, probably, to the bone lesions at the wrist. The difficulty found in moving the head may be due to a cervical osteopathy. The strength of this latter theory would be invalidated by the existence of the exaggerated reflexes and of the nodosities (Marie). E. N. B.

SURGICAL.

A Case of Trephination of the Cranium for Frequent and Dangerous Epileptic Attacks of Traumatic Origin.—Dr. Brignon, of Termini, narrates in the *Gazeta degli Ospitali* (Jan. 12, 1893) the history of a case of acute epilepsy inexplicably ceasing after trephination. A man forty-three years old, well-formed but thin, with phthisical antecedents, suffering constantly from attacks of hemoptysis and gastric catarrh, on arising from his bed, after a few days' illness, fell with a cry upon a marble floor. When found, shortly afterwards, by his little daughter, his head lay in a quantity of blood which had flown from a wound in the right parietal region, four centimetres posterior to the binauricular line, and an equal distance from the sagittal suture. The position of the wound rendered it doubtful if it had been occasioned by the fall, and called in question the conduct of a neighbor with whom the injured man had had a quarrel a few hours previously. Dr. Brignon found the patient in a somnolent condition, from which the surgical maneuvres would from time to time arouse him partially. His questions at these moments, addressed either to the doctor or to his mother, indicated that he was not altogether conscious. As the cranium was not apparently injured nor depressed, the doctor attributed the symptoms present to cerebral shock, and after careful disinfection closed the wound and applied an iodoform dressing. Shortly afterwards, the patient was seized with general convulsions, repeated every ten minutes,