

ference  $4\frac{1}{2}$  cm., left  $3\frac{1}{2}$  cm. The difference in volume was also evident in other muscles of the forearm. The individual muscle fibres were of the same size on the two sides, but on the left they were fewer in number. The pronator teres and pronator quadratus had disappeared on the left side, their usual position being occupied by an aponeurotic layer. The right median nerve contained nineteen bundles of fibres, the left sixteen, but the individual nerve fibres showed no degeneration. The bones on the left side were altogether smaller than on the right, but their structure was the same. The anterior horn of the spinal cord in the cervical region was smaller on the left side than on the right, and in one section of actual count there were found thirty-five cells in the right, only eighteen in the left anterior horn. In the brain, the right ascending parietal convolution was slightly narrower than the left.

ALLEN.

150. ALIMENTAERE GLYCOSURIE BEI KRANKHEITEN DES CENTRALNERNENSYSTEMS (Alimentary Glycosuria in Diseases of the Central Nervous System). Von Oordt (Münchener Medicin.-Wochenschrift, I, 1898, p. 2).

The author examined the urine of 178 patients suffering from different diseases of the nervous system, both functional and organic, after having caused to be ingested in each case grape sugar—100 grm. dextrose—under suitable precautions against error. The Trommer, Nylander, Phenylhydrazin and Tenreatatch tests were used and the sugar, when present, was determined quantitatively by the polariscope. He draws the following conclusions. Alimentary glycosuria occurs in a certain percentage of cases.

a. In diseases of the structures within the cranial cavity, and is here caused, partly by encroachment upon the "diabetes centre," partly by central disturbances of nutrition resulting from encroachment upon the cranial space, pain, psychical disturbances and different reflex processes.

b. In a group of functional neuroses, neurasthenia, hysteria and traumatic neuroses.

It does not occur in a number of other neuroses, in true epilepsy; generally not, in diseases of the spinal cord, where there is no involvement of the medulla. Alimentary glycosuria can pass into spontaneous glycosuria.

ALLEN.

151. IST DIE PROGRESSIVE PARALYSE AUS DEN MICROSCOPISCHEN BEFUNDEN AN DER GROSSHIRNRINDE PATHOLOGISCH-ANATOMISCH DIAGNOSTICIRBAR (Can General Paresis be Diagnosed with the Microscope). O. Schmidt (Allgemeine Zeitschrift für Psychiatrie, 54, 1897-98, p. 178).

The author presents an excellent résumé of the various pathological findings which have been described by various authors and which have been regarded as characteristic of the disease. He shows that hardly any of the various lesions are constant. Thus though the vessels are usually affected, they are not always diseased, and moreover similar lesions have been described in other affections. The sclerotic areas are not constant and are subject to much variation. The newer researches on the changes in the ganglion cells would seem to offer the best opportunities for definite conclusions, yet these have not been always corroborated, nor are they universal. The changes in the nerve fibres are inconclusive and the general conclusion would seem to be that a need exists to differentiate anatomical types and correlate if possible the clinical phenomena.

JELLIFFE.