

The degenerated nerves were also carefully examined for tubercle bacilli with negative results and four guinea pigs were inoculated according to accepted methods without effect. The conclusion seems inevitable that the neuritis could not be due to the presence of bacilli in the nerves themselves.

Apparently the only hypothesis left is that of the author, that the peripheral neuritis of phthisis is "due to the action of the tubercular poison," which he considers identical with the toxins "secreted by Koch's bacillus."

It should be remarked, however, that the absence of a tuberculous process in the nerves in these cases does not preclude the possibility of its presence in others. Indeed, we should expect occasionally to find tubercles in the nerves as well as other tissues of the body.

PATRICK (Chicago).

THE CENTRAL NERVOUS SYSTEM IN POLYNEURITIS. Du Systeme Nerveux Centrale dans la Polyneurite. S. Soukhanoff. Archiv. de Neurologie. March, 1896.

After a cursory review of previous observations upon central lesions found in multiple neuritis, the author gives the clinical history of an aggravated case of alcoholic neuritis occurring in a patient of twenty-seven years of age, the alcoholic habit extending over a period of eight years, the neuritis itself being of two year's standing.

The microscopical examination of the peripheral nerves showed a diffuse parenchymatous neuritis. The spinal cord was investigated by the method of Marchi and showed in the lumbar region marked degeneration of the posterior median and posterior lateral columns, the degeneration being more marked in the outer border of Burdach's columns and Lissauer's marginal zones. In addition, there were a few fibres of degeneration in the anterior and lateral columns. In the dorsal region of the cord the lesions were similar, but were more equally distributed, the columns of Goll and Burdach being involved in an equal degree. The cervical region showed marked degeneration of the columns of Goll with a few fibres degenerated in Burdach's column. Advancing into the pons, the lesions were most marked in the nucleus gracilis, the degenerated fibres being clearly traced to this nucleus and ending there. The nucleus cuneatus was involved in a very minor degree and a very few fibres in a state of degeneration were found in the hypoglossal, facial, abducens and oculo-motor nerves.

JELLIFFE.

POST-TYPHOID NEURITIS.

After enumerating the various causes which are apparently responsible for the production of neuritis, Dr. George J. Preston (Maryland Medical Journal, Vol. XXXVI., No. 4) calls attention to typhoid fever as a rare but unmistakable factor in the etiology of that disease. In confirmation of this fact he cites three interesting cases which came under his observation.

Case I.—A young man of twenty-four was taken with a typical typhoid. The fever lasted from May 30 to July 21, which time includes a relapse. With the beginning of convalescence the patient began to complain of pain in the legs, the slightest contact with the bedclothes produced great suffering. For three or four days there was an erysipelatous blush over the right leg, and later a small abscess developed over the ankle. The pains in the legs continued and an examination revealed loss of patellar tendon reflex, some atrophy, double-foot drop and reaction of degeneration. There was no marked disturbance of sensation.

Case II.—Young woman. The typhoid was severe and protracted. Four days after the subsidence of the fever the patient complained of intense pain in the right arm and leg, with inability to move them. In ten days the pain went away, but came back with increased severity