

ing and constipation, lasting several months, was obtained. On the second day after the first examination, coma with loss of the corneal reflex developed, and then left-sided paresis was detected. At least 200 c.cm. of pus were obtained from the right temporal lobe by trephining. After six weeks the patient was discharged much improved.

SPILLER.

- 95 "DIE CORRELATIVE EMPFINDLICHKEITS-SCHWANKUNG" (The Correlative Variation of Sensibility). Strausky and Ten Cate. (Wiener klin. Rundschau, 1900, XIV, 15, S. 290).

The authors put to themselves the following questions: 1. Does the production of *hypoesthesia* in one skin area produce *hyperesthesia* in another region?

2. If it does, is it in a symmetrically situated area and in what relation do the respective areas stand to each other?

3. Is this relationship such that homology with the so-called "transfer" is conceivable?

4. What are the conditions in pathological cases?

The results obtained in the examination of 40 cases, half healthy, half having nervous diseases, are utilized. Local anesthesia was produced by ethyl chloride, by Scheich's solution, and by ice. The hair esthesiometer of von Frey was used. Their conclusions are as follows:

1. In healthy persons without sensory disturbance, production of local *hypoesthesia* gives rise to *hyperesthesia* for touch and pain, in other skin areas, both on the same and on the opposite side. This they designate "correlative variation of sensibility," and speak of its "projection."

2. This variation is most marked in those areas, whether on the same or on the opposite side, which are supplied from the same *spinal* segment.

3. In skin regions supplied from neighboring segments, some variation may occur, but it is much less marked, and in areas supplied from distant segments there is little or no variation even though they may be located nearly symmetrically with regard to the *hypoesthetic* area.

4. With the manifestations of "transfer" correlative variation of sensibility has nothing to do. The former seems to be of cortical origin.

5. On account of insufficient number of observations and lack of autopsies, the authors do not feel justified in drawing positive conclusions with regard to cases having already some sensory defect, but simply state what they found.

a. In 4 cases of segmental involvement of the cord, "projection" either *from* or *to* the skin supplied from the diseased segment, was impossible. Where the lesion involved the whole cross section, the areas supplied from the segments below this showed no projection. Where only the gray matter was involved the segmental areas, both above and below, reacted normally.

b. In 6 cases of neuritis, projection was impossible *from* or *to* the skin supplied by the affected nerve.

c. In 3 cases of functional hemihypoesthesia projection *to* the affected area was impossible, but was observed *from* it.

d. In 1 case of cerebral syphilis (meningitis) projection occurred as in a normal person.

e. In 2 cases of Basedow's disease no projection to the face, but in other parts of the body it occurred normally.

ALLEN.