

we can realize the greater necessity for a wise and careful guardianship. The writer urges strict control of the question of child labor, and advises a commission of five members, at least two of whom shall be physicians, to have jurisdiction over all educational and labor questions.

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EFFECTS OF THE STREPTOCOCCUS ON THE CORTICAL NERVE CELL IN MENINGITIS. Leonard K. Hirshberg (Maryland Medical Journal, July, 1903).

Autopsy: Male, thirty-nine years. Clinical diagnosis: Fractured skull, cerebro-spinal meningitis, myocarditis, endocarditis, pyemia, pneumonia at base of right lung. Anatomical diagnosis: Purulent traumatic cerebro-spinal meningitis, depressed fracture of skull; rupture of dura, depression and bruising of right cortex; fatty liver. Brain: Subarachnoid space contains exudate, consisting of two zones. Inner zone, in contact with cortex, consists of network of fibers, including many cells with long vesicular nuclei, surrounded by much less staining cytoplasm. Probably proliferated endothelial cells from serous surfaces and lymph spaces of membrane. Few poly morphs nuclear leucocytes in the zone. Outer zone consists, almost, of poly morphs nuclear leucocytes. Tissues of pia richly infiltrated and thickened by exudate of pus cells, in which numerous proliferated endothelial cells are made out. Weigert's method shows moderate number of streptococci in exudate. Cortical sections, from area of Rolando, stained by Nissl, show disappearance of tigroid bodies from cells. Many cells also exhibit loss of nuclei. Cells shrunken and distorted where nuclei remains. Nuclei swollen, vesicular, limiting membrane at times in contact with body wall of cell. Eccentricity frequent as to nuclei and nucleoli. Direct or immediate action of the toxin of the streptococcus seem probable.

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THE EPILEPTIC AURA. William P. Spratling (Medical News, July 18, 1903).

Four types of auras are studied: (1) Psychic, (2) sensory, (3) motor, (4) irregular. In a close analysis of 815 males and 510 females, 36 per cent were found to have a sensory aura of some sort, 4 per cent had a psychic aura, and 2 per cent a motor aura. Of the entire number, 45 per cent had some aura, 55 per cent none. The sensory auras are not only common, but extremely varied, affecting any of the special senses, including marked perversions of the same, and being brief or rather prolonged. Visual auras predominate, and appear either as flashes of light or colors, or optical delusions, or temporary blindness. The epigastric aura appears in 15 per cent of all cases, and is the most frequent. The problem in epilepsy is to determine whether the initial disturbance, the thing that breaks up the rhythmic periodicity of the respiratory impulse, is to be sought in the respiratory center primarily, or whether it lies somewhere in the periphery, in the stomach, or elsewhere, and represent the original source of the epilepsy. For instance, when a case with epigastric aura suffers from periodic indigestion, gastric catarrh or flatulence, the probability is that the same cause makes the aura and the flatulence, and there is some subtle agent in the unknown field of chemical pathology.

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