

substance was noticeably thinned, and where the tumor was the most prominent, the thickness was reduced to $1\frac{1}{2}$ -2 mm. There was diminution of the consistence and a softened and œdematous condition, and the lateral ventricles contained a small amount of serous fluid.

There were found miliary tubercles in the apex of the right lung, with recent adhesions and miliary tubercles in the whole of the left lung. Heart pale and flaccid; liver and spleen enlarged; adhesions; caseous and enlarged mesenteric glands; small miliary nodules, were found in the abdomen, as well as a cavity to which communicated the left inguinal canal, which was filled with a fetid ichorous fluid. The walls of the cavity were gangrenous and degenerated. Near to it was a caseous mass adherent to the parietal and vesical peritoneum.

After a review of the literature of the subject, showing that pathologists and physiologists point to the gyrus hippocampus as the cerebral seat of the sensation of smell, the writer considers that his case confirms this opinion, although he is not able to exclude the influence of the tumor on the adjacent parts; nevertheless he thinks that the fleeting olfactory hallucinations were due to the irritation of the gray substance of the gyrus hippocampus.

Infantile Paraplegia Occurring only in the Act of Walking. Case reported by Serafino Romei. *Gazetta degli Ospitali*, Settembre 23, 1885.

This very curious and rare phenomenon occurred in a young boy aged eleven. He had always been well, parents healthy. After a fright in July, 1882, he suffered with severe headache, which kept him in bed four days, when it was cured. Upon attempting to arise and put his feet to the floor he suffered intense pain, and was unable to walk. In September, 1883, when the writer saw him, he was suffering from pain in the articulations of the left foot and swelling. In April, 1884, he commenced to go about a little bent, and with evident trouble in ascending stairs. Little by little he lost the power of his limbs and had to be supported like a man exceedingly drunk. His case was then diagnosed as one of rheumatism, and he was ordered thermo-mineral baths and was relieved of the pain as by magic at the fourth bath.

Tactile and thermic sensibility unaltered, as well as sensibility to pain. Sensibility and muscular power of the two lower extremities normal. General condition perfect, with the exception of pain and tenderness upon pressure over lumbar vertebra. All the movements of flexion and extension of the lower extremities performed, separately and together, with energy and precision. Tendon reflex normal; when the patient was raised to his feet to attempt to walk, it was necessary to support him; he was as a child taking his first steps, there was lack of power and coördination in the movements of walking. When in bed the patient was a vigorous youth, able to coördinate all the movements of the lower extremities; on his feet he was a pitiable paraplegic. The writer excludes

organic lesions, effect of imagination—that is, psychical and mental causes, common hysteria and chorea, and ordinary infantile paralysis or reflex or rachitic paralysis. He resorts to the following hypothesis, which he himself acknowledges as frail, namely: a depression of the coördinating centre of the function of the muscles which maintain the body in an erect position and enter into the act of walking.

The strangest part of this clinical history is the rapid restoration of the patient after a dose of nux vomica. He immediately arose and went to the house of the physician to thank him for his healing. The people cried a miracle. The physician regarded it as a case of mental impression.

This peculiar and interesting clinical history offers material for speculation, which we will leave to the reader. We only wish to point out its contrasting similarity to those cases of saltatory spasm in which the victims jump from the floor as soon as their feet touch it—an explosion of nerve force; while this shows the reverse—an absence of nerve force brought about by a like condition.

The Thickness of the Cerebral Cortex in Man. A. Conti. (*Giornale della Regia Accademia di Medicina di Torino*, 1884.) *Lo Sperimentale*, June, 1885.

The measurements have been made anew to determine the thickness of the cerebral cortex in different parts of the brain, with reference to age and sex and to the gray substance of the ganglia. The researches have been made on fresh brains well preserved, carefully weighed, and every precaution taken to avoid error. From the result of the observations made on twenty brains, eleven men and nine women, were deduced the following conclusions:

1. That the thickness of the gray substance of the brain diminished with the increase of the age in each portion of the cerebral cortex.
2. That in the same section this thickness varied in the external surface, the internal and inferior of the hemisphere.
3. The thickness of the cortex is greater on the internal surface in youth, and on the external surface in the adult and old.
4. The thickness of the cortex which limits the fissure of Rolando is greatest at the anterior portion, least at the posterior.
5. The maximum thickness is about the fissure of Rolando and exactly at the apex and at the division of the ascending frontal convolution.
6. The cerebral cortex has a minimum thickness at the depth of the fissure.

While these observations are of great interest, it is to be regretted that a wider number of them had not been made before the above conclusions were deduced.

The Color-Sense in the Syphilitic. S. Ottolenghi and A. Conti. Quoted in *Lo Sperimentale*, June, 1885.