

cytes and plasma cells though other cell types, like polyblasts, fibroblasts, rod cells were also present but in fewer numbers. A notable feature was free invasion by the infiltration cells, of the parenchyma of the cerebellum, its molecular layer, and especially of some subcortical regions, like optic thalamus, substantia nigra, aq. Sylvii, etc. The latter regions also showed very intense peri-vascular infiltrations which were comparatively much less marked in the cortical areas or cerebellum. Some of the smaller vessels in the above-named regions also showed hyaline thrombi, though the majority of the vessels were free from any occlusions or changes in their walls. Equally uncommon were hemorrhages, which when found could be considered as terminal ones, as any reactive phenomena around them were absent. The parenchymatous changes were in the form of various ganglion cell changes, though many ganglion cells especially in the upper cortical strata were practically normal. Neurophagia and satellitosis were quite frequent in the deeper layers of cortex and in the sub-cortical regions, neurophages being mostly glia cells and in some instances plasma cells (illustrated by three photomicrographs). Glia tissue changes were absent except a marked increase in glia nuclei, without any regressive changes, like amoeboid glia, etc. In the spinal cord many spider cells could be seen, and numerous red spherules scattered over the white and grey matter of the cord, as well as in the adventitial spaces of Virchow-Robin and the ependyma cells of the central canal. The latter showed proliferation of the ependyma cells and was usually occluded by an amorphous mass and some elements that could not be defined by any staining method. The pathologic changes are described in detail and compared with those to be found in paralytic dementia, African sleeping sickness (trypanosomiasis), poliomyelitis, and various forms of acute encephalitis. The authors came to the conclusion that the epidemic type of encephalitis bears the greatest resemblance to the African form of sleeping sickness and greatly differs from those cases which were described as influenzal encephalitis. The close anatomical relationship also suggests in their opinion an etiological one, in the form of a parasite akin to a trypanosome. The article is illustrated by twelve photomicrographs and three colored pictures. [Author's Abstract.]

**Claude, H., et Schaeffer, H.** LETHARGIC ENCEPHALITIS. [Bull. Soc. Méd. Hop., 43, May 23, 1919.]

A woman of 42 years of age developed a headache which after one week's persistence was followed by great sleepiness and orbicularis palsy. Death ensued within three weeks with marked pyrexia. Autopsy showed non-hemorrhagic encephalitis of the lower medulla, the isthmus and parts of the oculomotor nucleus.