

Whether this return is due to actual organic repair or is a result of educational discrimination as a result of many successive testings is not manifest. Cold-conduction is slightly better than heat-conduction. At the present time the palmar surface of the left hand is fairly acute in determining heat and cold when grasping the test-tubes. The percentage of correct answers for this locality being now (January, 1899), 18 out of 20 tests. In 1898 less than 50 per cent. of the determinations were correct. The patient has often burned his left hand with matches, and is himself aware of a diminished heat sensibility. There are no areas of anesthesia or of analgesia in the trunk or lower extremities. The muscular sense (weights) is not impaired, and the sense of position of the hands is within normal range. No changes in gait or in the speech are seen. No Romberg sign, and no girdle sensations exist. Mental changes have not been found. The patient states that his memory and other habits of mind are about as they have been for some time.

*Trophic disturbances.* Both hands are cold and bluish. At times there is a peculiar velvety edema of a slight grade. Ulcers form readily, and heal slowly. During the summer of 1898 the patient wore a plaster jacket for his scoliosis. As a result, he developed pressure ulcers on his shoulders and hips. These are only now healing after a lapse of four months since the removal of the jacket.

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59. DU ZONA AU COURS DE LA PARALYSIE GÉNÉRALE (Herpes in General Paresis). G. Dupan (Gazette Hebdomaire, 1898, p. 853).

In this observation the patient had an ophthalmic zona at least seven months before the beginning of a general paresis. The disease was distinctly developed in ten months and the autopsy showed that the trigeminus was adherent to the dura mater. Thus it would appear that the eruption was due to an irritation of the trigeminal nerves by the meningeal inflammation.

60. A CASE OF JUVENILE GENERAL PARALYSIS. A. Helen Boyle (Journal of Mental Science, 45, 1899, p. 99).

This patient began to show signs of the disease at about the age of fourteen or soon after. Her family history was obscure. Tuberculosis was present in the family, congenital syphilis could not be ruled out entirely, but its only evidence was an irregularity of child births, the first two children dying soon after birth. The symptoms came on decidedly about the time of menstruation and there would seem to be a distinct relationship with this factor. The chief clinical picture was that of a progressive dementia with no delusions and marked involvement of bladder and rectum. The post mortem examination was held to be confirmatory of the diagnosis.