

orrhages which take place during the act of labor. Two hundred spinal cords of embryos, infants and children in the first two years of life form the material upon which the study is based. The cords were stained chiefly by the Marchi method and by Nissl, Weigert, etc. The changes found could be divided into two classes: First, intrapartum spinal cord hemorrhages; second, anomalies of the central canal and its vicinity. The results of the study of this material are as follows: One case of intrapartum spinal cord hemorrhage, the location of which was characteristic of the location of the lesions in syringomyelia. Quite frequently an enlargement of the central canal was found. In one cord from a child nineteen months old, in addition to the enlarged central canal, was a glia overgrowth. In the cord of an anacephalous monster, anomalies of the central canal, as well as other pathological cord appearances, could be demonstrated.

SCHWAB.

NEPHROLITHIASIS AND SPINAL CORD DISEASES. Schlesinger (Wiener klin. Rund. No. 41, p. 769, 1901).

Recently the relation of stone in the kidney and diseases of the spinal cord have attracted considerable attention. The hypothesis has been advanced that in some cases spinal cord affections cause the formation of a kidney stone. The statistics of Maschka in this respect are of interest: In 78 cases of nephrolithiasis, he found spinal cord lesions in three. These statistics of Maschka are based upon 15,000 autopsies. In three cases of syringomyelia, Schlesinger found kidney calculus. In two of these, the stones were phosphates, and in the third, urates. Two had cystitis and pyelitis, and the third was free from kidney complications. In another case of encephalomyelitis a kidney calculus was found. From a consideration of these cases, as well as from those found in literature, the author comes to the following conclusions: Kidney calculi are found relatively frequently in traumatic spinal cord affections, and in syringomyelia, much less often in spinal cord tumors. Symptoms of nephrolithiasis follow those of the spinal cord lesions months and years afterwards. Kidney calculi, found in spinal cord affections, are mostly phosphates, much more rarely urates. Cysto-pyelitis can be absent in spite of the kidney stone and spinal cord affection, but is present most frequently in phosphatic stone. The spinal cord affection appears to act favorably upon the formation of a calculus, either directly or indirectly. Perhaps a certain predisposition, especially in the case of uratic calculi, is essential.

SCHWAB.

THE PATHOLOGY AND TREATMENT OF RHEUMATOID ARTHRITIS. P. W. Latham (The Lancet, Vol. clx., 1901, p. 998).

The aim of this interesting contribution is to uphold the dystrophic or neural theory of rheumatoid arthritis. The author feels that although it is said to be without the support of definite evidence of morbid change in the spinal nerve cells or in the nerves of the joint, he believes this criticism to be based on insufficient pathological observation and feels that both clinically and therapeutically he has found cordial support for the dystrophic hypothesis. As regards the clinical side of his argument he points to the distinctly neurotic character of the antecedents and accompaniments of the arthritic trouble. Neuralgias, often mistaken for rheumatism, of the legs, along the spine or across the loins, are frequent forerunners of arthritis rheumatica. Centrally, worry, anxiety, shock—seem to him in some cases to have originated the disease. The most prominent accompaniment of the arthritic mischief is seen in the muscular atro-