

cases in which were atheromatous arteries in the encephalon in the same state, without the slightest indication of this strange symptom. The conclusion is therefore reached, that, as a clinical phenomenon, going backward is of no value as a diagnostic sign of a localized cerebral lesion.

Clinical Contributions to the Localization of the Olfactory Centre. Thesis by Dr. Emilio Carbonieri. *Rivista Clinica*, September, 1885.

The writer of this paper adds another to the few cases in which an autopsy goes far toward proving the location of the cerebral centre for the sense of smell. The patient, at the age of twenty-seven, was admitted to the Medical Clinic at Modena, in March, 1884, suffering from a peritonitis with exudation. Suddenly, at the end of April, at which time he felt almost completely recovered, there arose new symptoms. Once or twice during the day he was seized with a feeling of melancholy, general malaise, obscuration of all his senses, and observed a very nauseating odor. After two or three minutes all passed away. After a time these attacks were accompanied by supra-orbital and occipital cephalalgia, with pain in cervical region and formication in the left half of the body, and then vomiting. The attacks averaged one a day; and, when less in frequency, were of greater duration—that is, prolonged a half hour or more. Later, the increase was even greater, commencing, in the evening, with heaviness and weight in the head, which increased during the night, when he could not sleep. In the morning, the cephalalgia was very great, accompanied by the usual formication and feeling of weight in all the left side of the body; the most nauseating odor and copious vomiting of a liquid, greenish-yellow in color, and of very bitter taste. In the intervals of the attack the patient was able to go on with his work.

In December he had an attack resembling convulsions, though he did not lose consciousness completely. After this, he had diplopia for several days.

In February of the present year he was admitted to the hospital again, suffering with tubercular peritonitis, from which he died April 18th. The autopsy revealed the dura mater closely adherent, pia mater opaque. On the under surface of the brain, the portion below and anterior to the right temporo-sphenoidal lobe, just at the left of the fissure of Sylvius, was a body hard, well-defined, of a light-yellowish color, and rounded up and more elevated than the lobe of the other side, of the size of a walnut, which proved to be a tumor of tubercular nature. It was 27 mm. long, by 22 mm. wide. The tumor was shown, on microscopic examination, to be tubercular. It was found in the convolution of the occipito-temporalis externa, and of the convolution of the hippocampus, was encapsulated in the cerebral substance, in which it was buried. About the fissure of the occipito-temporalis interna and the convolution of the hippocampus, the cortical

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. *Gazzetta 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