

areas of anæsthesia on the neck, shoulders and front of the waist. In contra distinction to the distinctness of the motor symptoms on the right side, the sensory were more marked on the left. The trophic disorders, which the patient presented were an arthropathy of the right ankle, pigmentation of the skin of the lower extremities, and slow death of the nails. The patient died of pneumonia, and on autopsy the cord was found to contain a cavity, extending from the lower part of the medulla to the dorsal region. In the greater extent of the cervical region the canal was very large. Microscopical examination showed the diseased process to extend from the medulla to the lower lumbar region. In the medulla the process was diffused in various areas, and a cavity had not yet formed. In the cervical region the cavity was formed and very extensive secondary effects in the white matter; in the dorsal region the process was more limited, and the glioma tended to one side, while in the lumbar enlargement the process was in a very early stage prior to the formation of the cavity.

The author is with the majority in considering that the essential pathological change in the disease known as syringomyelia, is a proliferation of an embryonal tissue remaining in that region of the cord in which the medullary folds in the embryo close over to form the central canal. In this respect he is not in accord with Joffroy and Huchard, who incline to the non-gliomatous nature of syringomyelia.

J. C.

A Case of Melancholia ; Sudden Illness and Death (Elkins, *Lancet*, April 15, 1893).—A patient of severe neurotic inheritancy, while suffering from a second attack of melancholia, which was progressing very favorably, suddenly presented a picture of severe shock and collapse. On account of the fact that he had always had delusions referable to his digestive organs, the symptoms were not considered so foreboding of danger as they would ordinarily. Death took place thirty-five hours after the onset of the acute symptoms. On post mortem examination it was found that about three and one-half feet of the small intestine had become strangulated in consequence of passing through what appeared to be a congenital slit in the mesentery. Mr. Elkins remarks, that the case once more emphasizes the fact that delusions, especially those relating to the viscera, often have real bodily causes for their foundation. It is possible that the intestines had always, or, at

least, for some time, moved backwards and forwards through the congenital slit, and the discomfort and uneasy feelings thus produced, acting upon a hereditarily weak brain, had induced the mental illness. J. C.

Tachycardia of Tubercular Origin.—Bezançon presented to the Biological Society of Paris, on March 11, two cases of tachycardia; pulsations 140 to 160 per minute, dependent on pressure of the pneumogastric nerves by tubercular deposits. He contrasted these cases with examples of tachycardia occurring in tubercular subjects, in which the symptom is dependent upon a neuritis of the pneumogastric nerve, the result of a general intoxication from the absorption of ptomaines.

J. C.

Tumor of the Pituitary Body (Waddell, *Lancet*, April 22, 1893).—The patient had suffered for about a year and a half from obscure digestive symptoms, progressively failing sight, partial bitemporal hemianopsia, and occasional headaches. After a few months the headaches became more severe, and after an attack of fever and its accompaniments, lasting for a few days, the patient became very absent-minded and stuporous with marked dilatation of right pupil. Later, these manifestations became more or less paroxysmal, and while having an exacerbation, he was taken with right side hemiplegia, with double strabismus and dilation of both pupils, from which he never rallied. At the autopsy a tumor, about as large as a cherry, was found in the prehypophysis. It was very vascular. There were no evidences of malignancy. It pressed upon the two optic nerves, causing them to bulge outward.

J. C.

Paralysis Agitans and Hysteria.—Grandmaison speaks of a case where the phenomena of these two diseases were combined (Med. Mod., December 17, 1892). A man, who was attacked and beaten on the street, complained on the following day of considerable pain in the extremities, inability to work, insomnia, nightmare and loss of muscular strength. About three months afterwards his right hand began to tremble. The tremor has all the clinical characteristics of Parkinson's disease; continues during repose, disappears on voluntary movement. The visage is also a classical one. The other symptoms, such as the gait, exaggerated sensibility to heat, etc., are not significant. Sensibility was normal. For eighteen months hemi-anæsthesia, which, however, had been dissipated by the method of transfer, was