

The article presents a long and careful study of the subject, but the author does not seem to have arrived at any definite conclusion as to an infectious agent.

ALLEN.

31. UEBER DIAGNOSE UND ERFOLGREICHE CHIRURGISCHE BEHANDLUNG VON GESCHWÜLSTEN DER RÜCKENMARKSHÄUTE (Concerning the Diagnosis and Successful Surgical Treatment of Tumors of the Spinal Membranes). F. Schultze (Deutsche Zeitschrift für Nervenheilkunde, 16. 1899, p. 114).

Schultze reports two cases of spinal tumor with removal of the growth. In the first case after a paralysis lasting 17 months, which had been complete for 13½ months, and was associated with considerable disturbance of sensation, improvement was so great that one year after the operation the patient could walk short distances without support, and longer distances if assisted. The tumor was situated at about the fifth, sixth and seventh thoracic vertebrae. In the second case an almost complete motor spastic paralysis, with some disturbance of sensation, almost disappeared in five or six months after the operation. The tumor in this case was a fibrosarcoma and was situated at about the seventh thoracic vertebra. In Bruns' statistics of spinal tumor, 20 cases, with improvement or recovery after operation in 6, are reported. In the third case reported by Schultze a fibroma at the foramen magnum was found at the necropsy. Absence of pain and of rigidity of the neck was observed for a long time, and the extremities were rigid. This tumor caused paresthesia and disturbance of motion in the left lower limb before it caused symptoms in the left upper limb, and closed the right side of the foramen magnum. Schultze believed that the case showed that in the upper cervical region the motor fibres for the leg are more peripheral than those for the arm. A fourth case reported by Schultze was one of tumor of the cord, extending from the conus high into the thoracic region. It appeared to be a glioma.

SPILLER.

32. ON THE TEMPERATURE IN CASES OF APOPLEXY, AND ON THE OCCURRENCE (1) OF OEDEMA AND (2) LOSS OF THE KNEE-JERK IN THE PARALYSED LIMBS IN HEMIPLEGIA. J. Michell Clarke (The Bristol Medico-Chirurgical Journal, Vol. 17, June, 1899, p. 972).

In cases of cerebral hemorrhage there is an initial fall of the temperature of the body. In rapidly fatal cases this subnormal temperature continues, though in some which live for some hours, the temperature may afterwards rise to a high level. In cases that prove fatal after a few days, the initial fall is succeeded by a stationary period of return to, or near, normal, ending with a rise of temperature before death. In cases which recover, the temperature soon returns to normal, or to slightly below normal, after an initial fall and rise. On the other hand, in softening due to thrombosis, there is only a very slight initial fall, if any. The temperature usually rises, and this is followed by oscillations, sometimes marked.

Dana (Post-Graduate, 1896, XI, 316) has called attention to the fact that in cases of hemiplegia, due to cerebral hemorrhage, the temperature of the paralyzed side is higher than that of the sound side, and that this difference in temperature is not present in acute cerebral softening from thrombosis or embolism. This fact the writer thinks may be of practical use in making a differential diagnosis between softening due to embolism or thrombosis, and cerebral hemorrhage. Dana also says that he has never found any disturbance of temperature in hemiplegia due to embolism.

The writer reports some cases with their temperature charts. He finds that the temperature on the affected side in two cases of hemorrhage varied from one-half to two degrees higher than that on the sound side. In one case of hemorrhage into the pons, the temperature was the same on both sides of the body and was persistently subnormal, but this case had numerous convulsions and all four limbs were paralyzed. In one case in which the temperature of the affected side was one degree higher than that of the other side, thirty minutes after death the temperature was the same on both sides, that is, the temperature of the paralyzed side ceased to rise, while that of the sound side rose one degree after death. While there was a rise of temperature in another case, with a difference most of the time of two degrees between the two sides, just before death the temperature of the two sides fell to the same level. This was a case of white softening and the temperature chart shows that, while the temperature difference between the two sides resembled that of hemorrhage, it was more irregular, and nearly corresponded on the two sides.

The writer cannot explain the fact of the lower temperature on the side of the lesion, unless it is due to some controlling influence of the sound hemisphere upon the temperature of the opposite side of the body. The fact of the temperature of the sound side rising one degree after death, in one case, is interesting in this connection.

He also cites four other cases which recovered, illustrating respectively the temperature-difference between the two sides in hemorrhage; a similar, but slighter difference in cerebral syphilis, due probably to occlusion of a vessel; the subnormal temperature which may obtain for some time in hemiplegia; and a want of correspondence between the surface temperature and that in the axilla. In two cases there was edema, accompanied by pain and hyperesthesia of the affected side, although there was no reason to suspect kidney disease. In one of these cases and in two others the knee-jerk of the paralyzed side was absent. Hemianesthesia of the affected side was also present in several cases.

The writer cannot explain this loss of knee-jerk in the paralyzed leg, which is contrary to what usually obtains.

BONAR.

33. UEBER GEHÄUFTES AUFTRETEN UND ÜBER DIE AETIOLOGIE DER POLIOMYELITIS ANTERIOR ACUTA INFANTUM (Concerning Endemic Appearance and Etiology of Acute Anterior Poliomyelitis). Siegmund Auerbach (Jahrbuch f. Kinderheilk., 50, 1899, No. 1).

At the Polyclinic at Frankfurt there occurred in the seven months from May to December, 1898, 15 cases of poliomyelitis, while in the 5 years previously only 11 cases were recorded. In one of the cases, a facial paralysis, nuclear in origin, was present. From a study of the literature of the subject, and of lumbar puncture in cerebrospinal meningitis, the writer comes to the conclusion that the difference between epidemic anterior poliomyelitis, cerebrospinal meningitis, sporadic or epidemic, and encephalitis, is not one of pathogenesis, but merely that of selection and degree of intensity of action of the same micro-organism, *i. e.*, the Weichselbaum-Jäger meningococcus. While the bacteriological investigation of the spinal fluid was not made in any of the 15 cases reported, lumbar puncture and the study of the fluid is urged from a therapeutic and diagnostic standpoint.

MCCARTHY.