

Hutinel. ACUTE MENINGITIS IN CONGENITAL SYPHILIS. [Presse médicale, April 22, 1918.]

Attacks of meningitis in the presence of congenital syphilis are by no means rare. Some are insidious and latent in type, others, occurring among older children, may simulate tuberculous meningitis, at times so closely that confusion is practically unavoidable. The condition should be borne in mind especially when the clinical picture in a case of meningitis presents unusual features, when the child shows suspicious evidences of syphilis, when his heredity is doubtful, and especially, when recovery occurs. Even in the presence of what appears to be a tuberculous meningitis, running a regular course and the diagnosis of which is almost certain, it is wise not to render a definite diagnosis too soon, for such a diagnosis implies a fatal termination. Whenever any doubt is felt, specific treatment should be at once instituted, beginning with mercurial inunctions while awaiting the opportunity for more vigorous measures. Such inunctions have no prejudicial influence in tuberculous meningitis, and may cause rapid improvement in syphilitic meningitis, thus revealing the nature of the disturbance.

Mathers, G., and Herrold, R. D. MENINGOCOCCUS CARRIES AND BACTERIOLOGY OF EPIDEMIC MENINGITIS. [Jl. Infect. Diseases, June, 1918.]

These authors made an extensive bacteriologic study of epidemic meningitis in large military camps in 1917. The meningococcus carries identified and isolated. Plain blood agar was satisfactory and the culture material obtained from the nasopharynx. Three to six per cent. of the men examined were meningococcus carriers. The majority, however, being of the temporary type. One half per cent. of the suspects examined are chronic carriers. Chronic meningococcus carriers, distinguished from the temporary type, carry large numbers of meningococci in the nose and throat. The number of carriers was found to be high among those coming in contact with meningitis cases. These facts suggest that there is a close relationship between cases of epidemic meningitis and meningococcus carriers.

Descomps, Euzière, and Merle. CONVERGENT PARALYSIS FROM CEREBRAL COMMOTION. [Bull. de la Soc. Méd. d. Hôp., April 26, 1918, 42, No. 14.]

After the Barany rotation test marked convergent palsy may be noted in cerebral concussion, persisting 10-90 seconds. The nine cases described by these authors this convergence was the only sign of injury of the oculomotor in four, but in five there was paresis of other oculomotor nerves. The writers regard the convergence as a paralysis, and explain its mechanism in terms of Dejerine's findings and not referable to internal ear disease. These patients were *commotionés*, and some had traces of evident organic central lesions from contusion. This convergence sign is a manifestation of minute focal lesion.