

the room were examined. (4) Frequent examination of men to detect carriers. With a large number of men it is impossible to examine them all, but it is hoped that in a short time all men will have their nasopharynx examined before they are sent on draft. (5) Special care of delicate new entries. All new entries, boy seamen, boy servants, and stokers, are examined daily and any looking ill or anemic, or suffering from catarrh, are isolated in a special mess, are relieved from all duties, and generally cared for until their health improves.

Acuña and Casaubon. FOCALIZED AND LOCALIZED MENINGITIS. [Arch. de Med. d. Enfants, April, 1918.]

The chief feature emphasized by these authors is of lesions inside the ventricle, without communication with the skull and spinal canal. This form, already described in adults, also occurs in infants and children. Several walled-in foci may be present and serotherapy as usually practised does not reach them. Necropsy shows, besides the walled-in suppuration in the ventricles, adhesions along the spinal meninges, with formation of isolate pockets. Lumbar puncture is usually negative. In infants the meninges develops insidiously and escapes recognition for some time.

5. BRAIN.

Stenvers, H. W. A CASE OF BASILAR IMPRESSION. [Nederlandsch Tijdschr. voor Geneeskunde, 1916, LII, p. 1733.]

A peculiar deformity of the bones of the base of the skull has long been known to anthropologists under the name of basilar impression or plastic deformity. Virchow collected cases among the skulls of the aborigines of Germany in 1876, and the condition is described by Grawitz (Virchow's Arch. f. Path. Anat., 1880, LXXX, p. 449). It has been theoretically held to be due to osteomalacia, hydrocephalus, or to retardation of ossification; but its cause is still unknown. The case recorded by Stenvers has the outstanding features that an adiposogenital syndrome co-existed with an atrophied infundibulum and a macroscopically and microscopically normal pituitary. A girl of 17 had never menstruated, and had recently become abnormally fat. Admitted on April 20, 1915, with papillitis. At end of July, 1914, severe headaches which increased in August; giddiness, vomitings, and epileptoid attacks then came on; later, paræsthesiæ in right face and shoulder. In October, 1914, diplopia and strabismus; the adiposity had recently appeared. In early November, 1914, diplopia increased. In spring of 1915 a marked sensation of hunger and tiredness; this increased, and the girl felt ill; her eyes became very prominent. Physical examination on April 23, 1915:—brown discoloration of skin, marked exophthalmos, excessive general adiposity, left homonymous hemianopia, temporal fields constricted, especially R. Right field constricted for colors; old neuro-retinitis; bilateral defect of vision, not improved. Left pupil

feeble light-reaction; right pupil feeble convergence-reaction. Divergent strabismus; nystagmoid movements, chiefly to L. Right hearing diminished (otitis externa). Tongue comes out to R. Movement of head to left shoulder weak. Breasts moderately developed; pubic and axillary hair absent. Abdominal reflexes normal; plantars flexor; Oppenheim's reflex positive. Later, changes occurred in the visual fields for colors. Cotton-wool sensibility diminished over skin of root areas of L 5, S 1, 2, 3. A skiagram showed changes in sphenoidal sinus region. On the strength of these signs which pointed to a lesion of, or in the neighborhood of, the pituitary body, operation was performed. Death a few hours later. Necropsy:—no trace of a tumor anywhere. The base of the skull showed a marked prominence, due to the pushing upwards of atlas and axis, and also of parts of the occipital and temporal bones. There was a furrow on the base of the brain corresponding to this bony deformity. The right trigeminus nerve was thinned. Internal hydrocephalus. Floor of infundibulum thinned. Pituitary normal macroscopically and microscopically. Thyroid gland marked colloid degeneration. Other internal organs normal.

Conclusions.—(1) The adiposo-genital syndrome can exist without any changes in the pituitary body. (2) In the writer's case the adiposo-genital syndrome was accompanied by atrophy of the wall of the infundibulum in the third ventricle. (3) From the evidence of other observations it is probable that there are important centers in the infundibulum for the innervation of the autonomic system. (4) It is possible that the adiposo-genital syndrome is due to the destruction of this infundibular autonomic center. (5) So long as the origin of the atrophy of the walls of the third ventricle is unknown, it is an open question whether this is due to the basilar impression, or whether the basilar impression is itself due to the trophic disturbances.

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Crinkshank, John. WATER CONTENTS OF SOME NORMAL AND PATHOLOGICAL BRAINS. [Rev. of *Neur. and Psych.*, 15, No. 1.]

The whole of the gray or the white matter, as the case might be, from each of the five portions, obtained as described in the preceding paper, was spread on glass plates in as thin a layer as possible and carefully weighed. The plates were then placed in a Hearson electric drying oven, then temperature of which was maintained at about 90° C. A current of dry hot air was passed into the oven from a fuse attached to a small motor. After 15 to 20 hours' exposure the plates were removed from the oven, and the solid material which remained was carefully and completely scraped off. It was then allowed to cool in room temperature and weighed. The material was returned to the oven for some hours, again removed and allowed to cool. This procedure was continued until the material attained a constant weight at room temperature. The percentage of water in each sample was then calculated.