

doing so fell down unconscious. There was a slight general convulsion and he died six hours later.

At the necropsy, made thirty-three hours after death, the right half of the brain was found to be suffused with blood under the pia from the rupture of small vessels on the surface; the lateral ventricles, the iter, and the third and fourth ventricles all distended with blood clot, the source of the hemorrhage being the choroid plexus apparently in the right ventricle, this being more distended than the left. The lungs were normal. The pericardium was universally adherent, the cavity being quite obliterated. The pericardium was also adherent to the adjacent lung and chest wall. The right ventricle was dilated and empty, the left being much hypertrophied. The spleen was large, but otherwise normal. The thymus was large. Both kidneys were very large, and were typical examples of congenital cystic degeneration. The stroma presented the naked-eye appearances of fatty degeneration. The bladder was large and thick-walled. The stomach was empty and somewhat dilated. All other organs were normal.

CASE IV. A woman, forty-two years old, subject to "attacks of acute hysteria" and with mitral stenosis, had "an emotional attack" while out driving. This was thought to be hysterical, but at the termination of the drive she was found to be semi-conscious, in which state she remained for some hours. On regaining consciousness she was found to have left hemiplegia, paralysis of both third nerves, was unable to talk and was very emotional. From this condition she gradually recovered, but had a second attack from which she died.

On making a necropsy the basilar artery was found plugged with an *ante-mortem* clot of quite recent date, and an old adherent clot on the anterior wall of the posterior cerebrals at their point of origin, occluding the vessels going to the posterior perforated space. There was also a recent hemorrhage on the surface of the right occipital lobe from the posterior cerebral. Except for mitral stenosis the other organs were healthy.

PATRICK.

118. NOTE SUR LES DÉLIRES D'AUTO-INTOXICATION ET D'INFECTION (Note upon the Delirium of Auto-intoxication and Infection). Regis (La Presse Médicale, Aug. 3, 1898).

Regis believes that the deliria of auto-intoxication resemble very closely those produced by other forms of intoxication, particularly alcoholism. He regards all these as being practically states of somnambulism, and cites an interesting case in which he was able to recall to the recollection of his patient his actions during the delirious state by hypnotizing him. This led him to employ suggestion for the cure of persistent post-febrile delirium, and he found that he was able to restore his patients in certain cases to memory, and in some cases to dissipate what had apparently become fixed ideas.

SAILER.

119. SECTIONSBEFUND BEI EINER FRISCHEN SPINALEN KINDERLÄHMUNG (Pathological Findings in a Case of Recent Spinal Infantile Paralysis). Matthes (Deutsche Zeitschrift für Nervenheilkunde, vol. 13, Nos. 3 and 4, p. 331).

The question as to whether anterior poliomyelitis is a disease which affects the ganglion cells of the anterior horns primarily or secondarily has never been positively decided. Charcot believed that the motor cells were primarily affected, and v. Kahlden has recently defended this opinion. All cases of anterior poliomyelitis, which have

been examined soon after the commencement of the disease, have shown myelitis. Recent cases alone are of value in determining the primary seat of the affection.

Matthes reports a case of anterior poliomyelitis in which death occurred eight days after the beginning of the paralysis. He found circumscribed hemorrhagic myelitis, with changes in the ganglion cells of the anterior horns, which he regarded as secondary. The vessels arising in the anterior spinal artery seemed to be almost the only ones affected. This is the first case of anterior poliomyelitis studied by the method of Nissl. SPILLER.

120. *UEBER EINEN FALL VON TUMOR CEREBRI* (Concerning a Case of Cerebral Tumor). H. Oppenheim (*Deutsche med. Wochenschrift*, 10, 1898).

Oppenheim reports an interesting case of brain tumor. The patient spoke quite well so long as he was in the recumbent position, though he had some difficulty in remembering words. The disturbance of speech increased when he was sitting, and he had much difficulty in recalling words, and did not understand all that was said to him. Words which he could not remember when he was sitting were recalled almost immediately when he laid down. The disturbance of speech Oppenheim describes as amnesic aphasia and paraphasia, because the patient spoke much and sensibly, but had difficulty in finding words. In the sitting posture the disturbance of speech took the form of word deafness. A sarcoma was found in the left supramarginal gyrus at the necropsy, and involved also the posterior part of the first temporal gyrus. The left temporal lobe was supposed to have been pressed upon by the growth when the patient was sitting. SPILLER.

121. *PATHOLOGY OF A CASE OF FRIEDREICH'S DISEASE. WITH A SUMMARY OF PREVIOUSLY REPORTED CASES.* H. Mackay, M.D. (*Brain*, 21, 1898, p. 435).

The author presents an extended study of a case of Friedreich's ataxia and gives a very complete summary of all of the known published cases. He believes that our present knowledge of the pathogenesis of the disease cannot be better summed up than in Guizetti's conclusion, that Friedreich's disease depends upon a congenital predisposition, in consequence of which, in the early years of life, certain systems of fibers and nerve cells undergo a process of progressive atrophy, and that the process is independent of any contributory effect from vascular alterations. In further explanation of the process the author adds that the expression "certain systems of fibers and cells" in these conclusions of Guizetti ought perhaps to be understood as follows:

A. (Due to arrested development at the eighth month.) Tracts in the cord which are the latest to undergo medullation, viz., the pyramidal tracts, direct and crossed, and the postero-internal tract.

B. (Secondary to mal-development of Goll's column?) Systems of fibers and cells functionally related to the postero-internal tract. The extent of the atrophic process as to systems attacked and degree of degeneration in individual systems may be dependent upon the duration of the disease, these systems may include: 1. The peripheral sensory neuron complex in its entirety, viz., peripheral sensory fibers, ganglion cells, posterior roots and root zones (Burdach's, Lissauer's), fibers to Clarke's columns, to the middle zone, and to the anterior cornua.

2. Portions of the central sensory neurons, viz., cells in posterior horns, with associated ascending fibers, cells in Clarke's columns, with associated fibers (direct cerebellar tract), cells in middle zone, with