

pale, rigid, and confused; after these he could sleep for a long time, but no definite convulsions were noticed. He became very untidy in dress. Answers to questions were mostly relevant, but incorrect. Marked dermatographia. Blood serum negative Wassermann. No definite paralysis or aphasia: no history of headache. Necropsy: a glioma of the brain, which had caused extensive cerebral destruction. It involved the anterior portion of the corpus callosum, white matter of left frontal lobe, caudate and lenticular nuclei, and the internal capsule. The right frontal lobe was only very slightly involved. [Leonard J. Kidd (London, England).]

**Mairet, A., Piéron, H.** HEADACHE AFTER SHELL CONCUSSION. [Par. Méd., July 6, 1918.]

The authors report headache and tenderness along the course of the trigeminal nerve after a shell concussion. On pressure pain is felt upon the emergence of the nerve, especially above the orbit, pain is felt which spreads along the great occipital nerve to the back of the head. They believe that minute suffusions of blood probably cause the irritation.

**Chalier, J.** CRANIAL TRAUMA AND GREYING OF THE HAIR. [Progrès Méd., 1918, 210.]

The record of a case of a soldier aged twenty-four, who gave no hereditary or personal antecedents of importance, but who seven months after the receipt of a wound of the left parietal region, not involving the bone, developed canities of the left eyebrow and of the hair of the scalp and beard on the side of lesion. The canities was accompanied by almost complete loss of sensibility of the left cornea and disappearance of the corneal reflex on this side.

**Bayliss, W. M.** GUM INJECTIONS IN "SHOCK." [Jour. Phys., Apr., 1918.]

Bayliss finds that a low blood pressure brought about by various factors, hemorrhage, muscle injury, temporary local anemia, slight hemorrhage with exposure to cold or plus acid injection, diminished oxygen supply, can be permanently restored by intravenous injection of 6 per cent. gum acacia in 0.9 per cent. sodium chlorid. If the bulbar centers have already been paralyzed by lack of oxygen or there has been section of the spinal cord in the cervical region this is unavailing. So also is transfusion, which does not in any case show any advantage over the gum, unless hemorrhage has caused the loss of more than half the blood total. The gum must be administered slowly. When a progressive delayed fall of pressure has been produced upon injections of acid, neutralization by an alkaline produces no effect. It is concluded therefore that the effect is due to some other changes, and not to the acid as such. Gum injections prevents the development of shock symptoms