

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