

and in which there had been repeated attacks suggestive of petit mal. Taking seven years as an arbitrary standard, only twenty-one of these could be considered normal at present. It has been impossible to tell from the nature of the early attacks as to the nature of the attacks when epilepsy develops later. Epilepsy is far more likely to develop when the cause of the attacks is apparently an injury or severe labor, than when the apparent cause is a disturbance in the digestive tract. The longer the attacks have persisted, the more probable is the diagnosis of epilepsy. There is no way to determine immediately when a baby or child has a convulsion, or repeated convulsions, or repeated attacks suggesting petit mal, whether or not it has epilepsy or will develop it later.

**Marui, S.** CENTRAL NEURITIS. [Am. Arch. Neur. and Psych., 2, July, 1919, J. A. M. A.]

A thorough histopathologic study in two cases of "central neuritis," of Meyer, and many other cases were made by Marui. Almost all the Betz cells in both cases and some cells of the spinal cord of the first case showed the typical axonal reaction; in the first case the fever alteration was superimposed on this picture. Fragmentation of the intracellular neurofibrils was found in the glassy area. The alteration of neurofibrils keeps pace with the dissolution of the Nissl bodies. Besides Marchi degeneration of myelin sheaths, a very interesting picture of axis cylinders was disclosed. Ameboid glia cells showed the Alzheimer fuchsinophil granule, a finding which indicates an increased scavenger activity of the neuroglia tissue. In two cases of central neuritis and many other cases in ameboid and preameboid glia cells, on the one hand, and in case of hemorrhage in granule cells on the other hand, a new "nucleoproteid-like granule" was demonstrated. The author concludes that neuroglia has a constructive function besides a scavenger function, and that this granule is given the neuroglia cells in an afferent direction.

**Armitage, F. L.** AMEBIC ABSCESS OF THE BRAIN. [Journal of Tropical Medicine and Hygiene, April 15, 1919.]

Armitage reports a case of this uncommon condition, with the results of postmortem pathological examination, and gives a brief summary of the forty-five cases previously recorded in literature. In forty-three of this series, the complication accompanied or followed hepatic abscess. The amebæ, conveyed by the blood, reach the pia mater, where they obliterate the arterioles and form a necrotic infarct, the latter constituting the start of the amebic abscess. There are no distinctive clinical signs of the condition, the manifestations depending upon the localization and the susceptibility of the host. The cephalalgia, coma, and other symptoms are noncharacteristic, and all diagnostic signs may be absent if the abscess develops in the so-called silent area of the brain. The course is rapid and fatal, the duration from the appearance of the headache