

weak and bent, and when he attempted to walk he staggered considerably. He answered slowly and with difficulty and was able to follow questions with difficulty. After admission to the hospital wide variations in the pulse rate and temperature were noted, and later wild delirium. The autopsy in all three cases gave:—meninges anemic; intense anemia of the brain substance; the gyri were obliterated and the ventricles were widely dilated and filled with 350-500 grammes of a serous fluid. He concludes that trauma and exposure to cold are etiological factors, and the hydrocephalus is produced by a vasomotor reflex neurosis. The favorable termination of the first case he thinks was due to large doses of morphine, and that possibly subcutaneous injection of morphine or codeine, with hot douches and compression of the head, would be of service in the chronic cases. MCCARTHY.

16. UEBER DAS LIDPHÄNOMEN DER PUPILLE. (GALASSI) (Pupillary Reflexes). G. Mingazzini (Neur. Centralblatt, 18, 1899, p. 482).

The contraction of the pupils resulting upon forcible closure of the eyelid, which was described by Gifford and Westphal (*Med. d. Gegenw.*, 1899, No. 4), is declared by Mingazzini (*Neurol. Centralbl.*, 1899, No. 11), to have been observed as early as 1887 by Galazzi in Italy, and to have been described by him as a "lid reaction of the pupil." He declared that the phenomenon was due to a functional association of the contracting muscles, and pointed to the fact that closure of the lids was accompanied by a rotation of the eyeball inwards and upwards. The assumption that by the closing of the lids a compression of the bulb, and a resulting increase of intraocular pressure was produced, causing a contraction of the pupil through hyperemia, was rejected by Galazzi. JELLIFFE.

17. A CASE OF MYXEDEMA. Augustus A. Eshner (*International Medical Magazine*, 8, 1899, p. 822).

Eshner presents a case of myxedema in a man 50 years old, thick-set and short, a native of Russia. His family history is good. He complained first of pains in the epigastrium, the hypochondria, the lumbar region, the precordia and the muscles of the extremities. Food caused nausea and increased the pain in the epigastrium. His bowels were constipated and his appetite was good. Patient had a slight cough and expectorated a thick mucus, but his lungs were found to be unaffected. The tongue was large and filled his mouth, his lips were thick, the lower one everted, and his voice was hoarse. The hair was normal, though there were some areas of alopecia, probably due to a previous favus. In the axillæ the hair was scanty. The thyroid gland could be easily palpated. The patient could not close his hands, which were broad and spade-like, the right measuring 23.5 cm. and the left 22.5 cm. around the metacarpus. The heart was normal. Perspiration was abundant. Patient was always drowsy, though mentality seemed good. He was put on thyroid extract grs. v daily, and his lips, tongue and hands diminished in size, and became more mobile. He lost in seven weeks about eight pounds in weight. Treatment was irregular and patient finally disappeared from observation after the seven weeks of treatment.

Eshner thinks that there may be some relation between myxedema and the various conditions of morbid fat-deposition, or accumulation, as the thyroid may be atrophied in the latter, and they too are often benefited by the administration of thyroid extract.

Two photographs of the case accompany the article, together with one of a case of adiposis dolorosa, to show the difference between the two diseases. BONAR.