

mia of cardiac congestion, high altitudes, phosphorus poisoning, etc., which he designates "Erythrocytose."

Lommel, in the *Deutsches Archiv für Klinische Medizin* (Bd. 92, 1907), publishes a long article on the same subject. He reports a case in detail and gives the results of his studies on the gas-metabolism of the lungs as determined by the Zuntz-Geppert method. He found an increase of the respiratory gas-metabolism as was shown previously by Senator in two cases. There was also a decided increase in the excretion of urobilin depending upon the increased erythropoësis. The oxygen-capacity of the hæmoglobin was within the lower limits of normal. This case showed clinically some "congestion-phenomena" depending, perhaps, upon a lesion in the pulmonary circulation. The author believes that more cases of "Idiopathic" polycythæmia may be really *secondary* to congestion, and refers to his first case reported in 1906 in which the autopsy revealed a congestion of the portal system.

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OMEROD, J. A. "Two cases of Disseminated Sclerosis with Autopsy." *Brain*, No. 119, Vol. 30, 1907.

These two cases are of interest from several points of view. Firstly, because they are completed cases, well observed clinically and examined post mortem, and secondly, because they add to the gradually increasing number of authenticated cases demonstrating how insufficient the usual text-book description of the disease still is: they show also, thirdly, the marked hysterical manifestation obscuring the underlying organic disease.

*Case I.*—Woman, æt. 54. Onset sudden, 10 months previous, while in usual health, with extensive spasms of legs with diarrhoea repeated on four successive days. These spasms lasted an hour or two, after which she could flex legs normally. The spasms then disappeared for five weeks. She then suffered from cramps in which her legs went out straight and then drew up again, quickly associated with severe pains in hips and legs. A short time later these cramps were replaced by flexor spasms of the legs, which soon resulted in the legs being so flexed that the knees were in the axilla—movement of the legs was impossible but sensation was impaired; upper limbs were unaffected. There was nothing of importance in her previous history except a stroke of hemiplegia four years previous which cleared up in twenty-four hours. This may have been a premonitory symptom of her present illness. On examination, her cerebral functions were normal; she was somewhat emotional, possibly on account of the pain, her speech was