frank pancreatic disease, and explains why spontaneous diabetes resembles pancreatic diabetes more closely than the glycosuria arising from any other endocrine gland. Yet Allen says the diabetic may have as good a pancreas as any one else. Allen suggests the following as the most reasonable classification of persistent glycosuria: (1) *Organic origin*, with structural changes in the endocrine glands leading to (a) overaction of adrenal, thyroid, pituitary, or (b) underaction of pancreas. (2) *Sympathetic origin*, with no evidence of structural changes in any endocrine gland, but producing a functional (a) overaction of adrenal, thyroid, pituitary; and (b) underaction of pancreas. This really makes spontaneous diabetes a disease of the nervous system, which the author points out is not a new idea. The author's final conclusion is that diabetes is due to deficiency of the pancreatic amboceptor, which deficiency may be due to structural changes in the pancreas, or to inhibitory action of the sympathetic on its internal secretion, an effect which may be aggravated by sympathetic stimulation of other endocrine glands, thus further diminishing the power of carbohydrate assimilation.

Girou, E. CAUSALGIA AND THE VEGETATIVE ARC. [Presse Méd., Nov. 14, 1918.]

The author here discusses the pain due to lesions involving the vegetative fibers as contrasted with the pains due to implication of the sensory nerves of the sensori-motor arc, a distinction too little entertained even by professed students of neurology. In sensori-motor lesions paralysis, loss of power and pain occur. Lesions in the vegetative system are manifested by contracture, circulatory and trophic disturbances and pains, but the pain is of a different quality. With the Weir Mitchell type of causalgia the median or popliteal nerve was always found injured, rarely the vegetative nerves. The nerve over a stretch of up to 10 cm. was involved and R. D. was complete. Sicard accomplishes blocking with injection of alcohol. Girou by moderately ligating the nerve. The ligature on the median nerve is above the vegetative fibers coming from the humeral. He has been treating causalgia for three years by this method. With contracture of the hand, he found the peripheral arterial sympathetic sheath injured.

Addis, T., Shevky, A. E., and Bevier, G. THE KIDNEY, ADRENALIN AND PITUITRIN. [Amer. J. Physiol., 1918, 46, 129-46.]

Adrenalin and pituitrin have opposite effects on the renal activity as regards the function of excretion of urea. Adrenalin increases its activity, pituitrin decreases it in quite regular proportions. The authors hold that their results show that, together with the regulation of urea excretion through the urea concentration of the blood, there is an overruling regulation by the vegetative nervous system, which consists for the most part in control of the relative secretion from suprarenal and pituitary glands.