intra-fusal fibre with a deposit of hyaline material around. The ordinary muscular, nervous and vascular changes were also present.

JELLIFFE.

65. NOTE SUR LES RÉFLEXES FÉMORAUX CROISÉS CHEZ LES ÉPILEPTIQUES (On Crossed Femoral Reflexes in Epileptics.) Ch. Féré (Comptes rend. Soc. de Biologie, 5, 1898, p. 7).

An examination by the author of some 143 non-paralytic epileptics, examined in a period when but few were deeply under the influence of bromides, revealed the presence of this phenomenon in twenty-four instances. The author presents the following table:—

	Patellar Reflex.	Crossed Femoral Reflex.
Feeble	35	—
Medium	64	8
Strong	44	16
Total	143	24

The variety of the crossed reflex varied; in 16 cases the r. adductor, in 3 the r. extensor and in 3 both muscles showed the phenomena. In general, the crossed femoral reflex was equal on both sides, save in one case, where the right side predominated.

Bromides seemed to have no influence upon either the patellar reflex or crossed femoral reflex.

VOGEL.

CLINICAL NEUROLOGY.

66. LA SCOMPARSA DEL RIFLESSO DEL TENDINE ACHILLEO NELL SCIATICA (Tendon Reflexes in Sciatica) J. Babinski (Gazz. d. Ospedali, 18, 1897, p. 29).

In a note the author shows that, whereas in healthy individuals the tendon-reflex is normal, in sciatica there is usually a diminution or a loss of such tendon-reflex. This phenomenon was found not only in severe cases of the disease, but also in much lighter forms, as ischialgia. In some cases there were marked differences in the reflexes on opposite sides of the body.

The author considers this a valuable diagnostic sign, especially to differentiate simulation from hysterical sciatica. It is not clear, however, that incipient tabes is ruled out in this report.

JELLIFFE.

67. LE RÉFLEXE ROTULIEN DANS LA SYPHILIS (The Knee-Jerk in Syphilis.) Valentine Zaroubine (Jour. de Conn. Méd., March 11, 1897).

The author found the knee-jerk exaggerated in all syphilitic patients during the secondary stage. Following this increase, the excitability often fell and then regained its normal state.

MACALESTER.

68. CASES OF PSEUDO-HYPERTROPHIC PARALYSIS AND OTHER FORMS OF PROGRESSIVE MUSCULAR DYSTROPHY. Bryon Bramwell (Atlas of Clinical Medicine, iii., 1897, p. 95).

In an elaborate report the author presents the clinical histories of fifteen cases of pseudo-hypertrophic paralysis and one case of myopathic muscular atrophy affecting the face, tongue, ocular muscles, muscles of the head, neck, shoulder-girdle and upper extremities.

In about five cases detailed microscopical examinations were made of the muscles, the peripheral nerves and the spinal cord.