he thinks that since the cremasteric reflex center is generally located in the second lumbar segment, while the sciatic nerve arises from the two lower lumbar and upper sacral segments, there is hardly a direct connection between them, and we must conclude that the segments immediately above those from which the lumbo-sacral cord arises, are in a state of hyperirritability in sciatica. ALLEN.

LES EFFETS DE LA LIGATURE DE LA MOELLE CERVICO-DORSALE CHEZ LES ANIMAUX (The Effects of Ligature of the Cervico-dorsal Region of the Spinal Cord in Animals). J. Crocq (Journal de Neurologie, No. 14, July 5, 1901, p. 265).

Crocq believes that complete division of the spinal cord in the cervical or upper thoracic region causes permanent and complete loss of the knee-jerks. Some have supposed that circulatory disturbances in the lumbar region were produced by the compression of the anterior and posterior spinal arteries. To determine whether this opinion is correct or not, Crocq ligated the spinal cord in its upper portion in four rabbits and two dogs and in every case exaggeration of the tendon reflex occurred at once. He concludes that the loss of the knee-jerks in a monkey experimented on in a similar way could not be explained by circulatory disturbances. He believes that the lumbar portion of the cord is nourished chiefly by the abdominal aorta, inasmuch as ligature of this vessel causes loss of the tendon reflexes in the lower limbs, and is nourished very slightly by the spinal arteries. Loss of the knee-jerks in cervico-thoracic lesions therefore is not due to interference with the circulation

SPILLER.

CHOREE ET CHOREE GRAVIDARUM (Chorea and Gravid Chorea). Gilles de la Tourette (Revue Neurologique, June 30, 1900).

He states that of seventeen consecutive cases of chorea at his clinic, only one had rheumatism before or during the attack, and that of several who returned after recovery none had any sign of the latter disease. He concludes that chorea has nothing to do with rheumatism, and that its diagnosis is entirely uninfluenced by the presence or absence of rheumatic manifestations. He maintains further that true Sydenham's chorea never comes on after puberty; he bases this statement on the fact that the two oldest of his patients, girls of sixteen and eighteen respectively, had never menstruated. From this he deduces the further view that chorea gravidarum is not the same as Sydenham's chorea, and holds that many cases so described are really examples of hysterical tremor, while others belong to the category of the convulsive tics, the pregnancy acting as the exciting cause. He admits that a few may be classed under the rare heading of chronic or Huntington's chorea. The author attaches great importance to the fact that in one of his cases the movements persisted after delivery. He believes that with the improvement of diagnosis along the lines he has indicated there will be no further need for the induction of premature labor in this affection.

JELLIFFE.

TABES DORSALIS BEI FRAUEN (Tabes in Women). P. Fehrer (Berlin. klin. Wochenschrift, July 29, 1901).

Statistics were: Lancinating pains, 13 cases; weakness in legs