urine, while the excretion of creatinine diminishes. In this connection it is significant that the creatinine-creatine metabolism of muscular dystrophy closely resembles that of fasting, but even in prolonged starvation the sugar in the blood is maintained at the usual level, thus showing its vital importance; hypoglycemia would therefore reasonably be expected to give rise to excessive muscular wasting.

Raeder, G. SYMPATHETIC PARALYSIS. [Norsk. Mag. f. Laeg., Sept., 1918.]

This patient had a tumor lying between the Gasserian ganglion and the carotid plexus of the internal carotid artery. Headache, vomiting and pains in the left trigeminus distribution, with paresis of the left side of the palate, ptosis, miosis and reduced intra-ocular pressure were present. Vasomotor trophic and ocular disturbances were absent.

Orr, David, and Rows. THE INTERDEPENDENCE OF THE SYMPATHETIC AND CENTRAL NERVOUS SYSTEM. [Brain, 41, 1918. Ed. B. M. J.]

From their extensive investigations on infection and intoxication of the central nervous system, reported in previous numbers of *Brain* and elsewhere, Dr. David Orr and Lieut.-Colonel Rows distinguished two paths of invasion: (*a*) lymphogenous, passing up the ascending lymph paths of the cranial or spinal nerves, and giving rise by continuity to a primary inflammation of the fixed tissues; and (*b*) hematogenous, causing degenerative lesions associated with vascular dilatation, edema, and hyaline thrombosis, but with little, and then only secondary, inflammation of the fixed tissues of the central nervous system, dependent upon the irritative effects of the degenerative products, and upon the reaction incidental to repair. The lesions produced by experimental intoxication of the blood stream involve the white matter of the spinal cord in a non-systemic manner, two areas—namely, the periphery and the posterior columns—being affected, but in varying degrees at different levels. The brain showed coagulation necrosis of the nerve cells in the cornu ammonis, the cerebral cortex, and the amygdaloid nucleus, and also softening in the stratum moleculare of the cornu ammonis. From the distribution of these lesions it is clear that in addition to toxicity of the blood stream there is another factor which determines where the toxin shall exert its effect. The lesions in the cord and brain occur in the regions supplied by the blood vessels of the pia arachnoid, and there is a considerable weight of evidence in favor of the view that the sympathetic nervous mechanism is an important factor in determining the parts of the central nervous system to be primarily acted on by a poison circulating in the blood. The existence of vasomotor fibers in the brain has until comparatively recent times been steadily denied; but the action of adrenin has proved the presence of vaso-constrictors of the cerebral blood vessels, and non-medullated sympathetic fibers have been traced