latter external excitations affect the bladder functions whereas in the former they do not. The skin of the legs remained absolutely dry but the pilomotor reflex persisted in the legs. [Camp.]

Lhermitte, J. THE PAINFUL FORMS OF SPINAL CORD CONCUSSION. [Revue Neurologique, March, 1920.]

The painful forms are divided into four classes. Those in which the pain is radicular, spontaneous and like the pains of tabes. Those in which there is no spontaneous pain but the skin and mucous membranes are hypersensitive. Those with a causalgia type of pain—this type is rare but most severe. Those with the type like electric shocks—this probably indicates regeneration of the cord and the prognosis is most favorable. [Camp.]

Guillain, G., and Barré, J. A. ORGANIC PARAPLEGIAS WITHOUT LESIONS OF THE DURA MATER IN SPINAL INJURIES CAUSED BY PROJECTILES. [Annales de Médecine, 1918, No. 2.]

The writers discuss fifteen cases of fatal indirect injury of the spinal cord by projectiles. The shots usually passed in the vicinity of the dura mater which, however, remained intact. The projectile often injured spinous processes, lateral epiphyses or vertebrae. The form of injury to the spinal cord consisted in larger or smaller hematomyeliae with concomitant myelomalacia, resulting after extension in four cases in complete divisions of the cord and in eleven cases in focal lesions. The hematomyeliae were produced by the rapid passage of the projectile near the spinal cord yet without touching the latter. [J.]

Mason and Reinhoff. HEREDITARY SPASTIC PARAPLEGIA. [Bull. Johns Hopkins Hosp., June, 1920.]

Observations on three generations affected with hereditary spastic paraplegia are here presented. In seven of the families recorded in literature symptoms of the disease were present in more than two generations. It is not possible to group the reported cases into rigid clinical types, on account of the variety of syndromes which have occurred from combinations of the symptoms associated with spastic paraparesis, such as tremor of the tongue, disturbances of speech, optic atrophy, nystagmus, ocular palsies, bulbous disturbances, sialiosis, ataxia, muscular dystrophies, and sometimes mental impairment. Though in a few cases the spastic paraplegia is the only feature, in the majority the symptomatology approaches that commonly observed in hereditary ataxia of the Friedreich or Marie type, and sometimes a differential diagnosis is impossible. In all three diseases the etiology, clinical course, and pathological anatomy are similar. The diseases usually commence about puberty, and progress slowly to a point at which they remain stationary. There is much evidence in favor of regarding them as clinical forms of the same