synapses in the cord; (2) hyperexcitability of these zones by thermal stimuli. Hitherto in the clinical study of myelopathies no account has been taken of the distinction between spontaneous sweating and hyperhidrosis due to a thermal stimulus. Experimental physiopathology has not yet explained why spinal lesions in some cases give rise to anhidrosis, and in others to hyperhidrosis, nor have clinical observations accounted for this difference. Clinically anhidrosis and hyperhidrosis appear to occur according to the nature of the morbid process, hyperhidrosis being more frequent in syringomyelia compared with other myelopathies.

4. MIDBRAIN AND CEREBELLUM.

Salomonson, W. A. Wertheim. A CASE OF RHYTHMICAL HYPERKINESIS. [Nederlandsch Tijdschr. voor Geneeskunde, 1920, LXIV, H 2, 2622.]

Salomonson reports to the Amsterdam Neurological Society a case of rhythmically occurring choreiform movements in a youth of twenty. A year ago he had had an acute illness, called influenza, with much headache and nausea; after this illness the peculiar movements developed; they were limited to left hand, arm, leg and trunk, but the neck muscles escaped. These spontaneous movements occurred seventeen times a minute in the form of contractions in the left abdominal, shoulder, upper and lower arm muscles, and in the hand and the quadriceps femoris; these various muscles contracted simultaneously in a shocklike manner, each contraction lasting about a second. During the contraction a deep channel was produced in the abdominal wall, and the body was curved somewhat to the left; the shoulder was depressed, the arm adducted, upper arm remained straight (both triceps and biceps groups being affected), the hand somewhat flexed with extension of fingers, and the thumb was extended and abducted. Nothing else was found. After some months of continuation of the movements they gradually diminished in intensity and extent. As to the diagnosis, a focal process (encephalitis?) was thought of, either in the cerebellum or—more probably—the thalamic region. [Leonard J. Kidd, London, England.]

Netter, Arnold. CONTAGIOUSNESS OF EPIDEMIC ENCEPHALITIS. [Bull. de l'Acad. de Med., Vol. 83, p. 373, April 27, 1920.]

The author concludes that epidemic encephalitis is contagious, and is carried by saliva. He observed probably the first case that occurred in Paris and came to the conclusion of contagiousness from the fact of the outbreak of the disease in the same household, in this instance and in seven other instances. The contagiousness of the disease is very difficult to prove. The virus is located in the salivary glands. Durand, in studying the parotid gland in a case that ended fatally, found excretory ducts and acini, numerous mononuclears in the interlobular spaces around the