he adduced that trophic and vasomotor changes of this type were due to damage to the posterior roots involving the "visceral" afferent sympathetic fibers belonging to the sympathetic nervous supply of the hand, and not to any injury of the spinal cord. The afferent fibers of the sympathetic involuntary nervous system probably had more or less the same regional distribution as the efferent fibers, and passed into the spinal cord by the segmentally corresponding posterior nerve roots. Such facts might explain the minimal nutritional and vasomotor changes in the legs and feet after injury to the lower lumbar and sacral posterior nerve roots, where hypotonia was present and sensation was definitely affected but not completely abolished.

Retif, Edouard. PHYSIOLOGICAL RESEARCH ON THE SEMI-LUNAR GANGLIA. [Compt. Rend. Soc. de Biol., 1918, LXXXI, p. 82.]

The chief results of the writer's experiments on the semi-lunar ganglia of rabbits and dogs are as follows: (1) Removal of the left semi-lunar ganglion of rabbits gives merely temporary diarrhea and slight wasting; (2) bilateral removal of the semi-lunar ganglion, or removal of the right ganglion, has always given symptoms followed by death in hypothermia; (3) this post-operative terminal hypothermia is connected with hypoglycemia; (4) extirpation of the semi-lunar ganglia gives a great loss of body weight; (5) all of the operated animals have had diarrhea, usually intermittent, and sometimes appearing but slowly. The presence of this diarrhea and the constant great wasting leads Retif to think that solarectomized animals are in a state of dyshydration.

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Berti & Roncato. GLYCOGENIC FUNCTION AND THE VEGETATIVE NERVOUS SYSTEM. [Gazzetta degli Ospedali delle Cliniche, May 5, 1918.]

Investigations undertaken at various times and places have concurred in establishing the nervous regulation of the glycogen function of the liver through separate fibers belonging to the two divisions of the vegetative nervous system. These prove to be the fibers of the sympathetic which exert the secretory influence and those of the cranio-sacral [autonomic] division, that is in this instance of the vagus, which inhibit this action. Berti and Roncato devote several columns to a discussion of these experiments and their mutual confirmation of results. The school of Von Noorden base certain conclusions in regard to hepatic glycogenesis upon Langley's hypotheses supported both by clinical and pharmacological experience. They believe that this function is promoted by the sympathetic and inhibited by the vagus. They find that adrenalin, which excites the organs supplied by the sympathetic fibers, produces hyperglycemia and glycosuria, irrespective of the diminution of the consumption of glycogen and that this glycosuria can be arrested by pilocarpine, which is stimulating to the organs supplied by the autonomic system, here the vagus. Moreover, in some cases, the uncertainty

being apparently dependent on individual variation in tone, sympathetic or autonomic glycosuria can be caused by the administration of atropine, which acts to paralyze the organs supplied by the vagus. Researches definitely applicable to the glycogenic output of the liver have been made first by Vasoin and later confirmed by Farini, and again, with possible source of error removed, by Berti and Roncato. These experiments were made upon frogs in which in one group the vagus was cut, in the other it remained normal. At hibernating temperature in the frogs with cut vagus there was no evidence of change in the amount of glycogen retained in the liver or in the weight of the liver after several days' observation. In those frogs, however, which were roused from their dormant condition and kept in a higher temperature for twenty-four or forty-eight hours—both periods of time were tried—there was a marked difference. In those with severed vagus the diminution in the amount of hepatic glycogen was much greater than in the normal frogs. Also the weight of the liver in the vagotomized frogs diminished in far greater proportion than in the normal ones. These experiments served to establish the theories of the inhibitory action of the vagus upon this function of the liver. The vagus inhibited the transformation of hepatic glucose, which was promoted by increase of temperature. Evidently it contains glycoinhibitory fibers.

Ramond, F. DYSPEPSIA SYNDROMES. [Presse Medicale, June 20, 1918.]

In this article the authors would compress the vast agglomeration of dyspepsias into about four syndromes. He speaks of vasomotor, cyclic, inverse and combined types. In the vasomotor type,, eating especially at night, may be followed immediately by congestion of the face, cold feet and hands, sometimes headache, dizziness, with or without tinnitus, tachycardia, lassitude, dilated pupils, etc., all vasomotor disturbances of the vegetative nervous system functioning. The treatment should be addressed to that branch of the vegetative reflex are mostly involved. Belladonna is the most efficient, with hydrotherapy and hygiene. The cyclic type, includes a vasomotor phase but it follows the meal immediately, there is usually an interval of fifteen minutes or more. After the vasomotor phase, a few minutes or more, and an interval of one or several hours, pain develops. It may be like a colic, and may radiate. This pain is probably of inflammatory origin. The third, the inverse type, in which pain comes on at once after the meal or after the first few mouthfuls, with possibly nausea and vomiting for a few minutes or half an hour and then these sensations subside, disappearing in the course of fifteen minutes, leaving vasomotor symptoms. The epigastric and xiphoid points are tender and also two points on the left side, at the junction of the cartilages of the eighth and tenth ribs and at point on the outer margin of the rectus two finger-breadths above the transverse umbilicus line. The congestion or gastritis in this type is in the upper portion of the stomach, while in the preceding type it is in the