above cases would lead one to think that the central connections of the sympathetic nervous system which go to supply the nerves of the upper extremities are from the sixth to the eleventh dorsal segments. The symptoms are of considerable clinical value because of the possibility that it might lead to error in localizing diagnosis. [Camp.]

Marinesco, G., and Radovici, A. A NEW SKIN REFLEX—THE PALMAR-CHIN REFLEX. [Revue Neurologique, March, 1920.]

The reflex is elicited by irritation of the palm, especially the thenar eminence, which causes a retraction of the chin on the same side and sometimes a series of folds corresponding to the insertion of the muscle. This reflex is fairly constant in normal individuals. It was present in 23 out of 31 normal subjects tested by the author. It is best taken with the patient reclining with the chin relaxed and the mouth slightly open. In cases of pyramidal tract involvement, the reflex is slower, more durable and of greater amplitude and may be obtained from other parts of the body than the palm. It is an indirect reflex, with an intercalated neurone, and is absent in tabes dorsalis, facial palsy, etc. [Camp.]

Hübner, A. A. SYMPTOMS FROM ANTIRABIES TREATMENT. [Deut. med. Woch., January 29, 1920. J. A. M. A.]

Hübner reports several cases in which physical and mental disturbances followed injection of antirabic serum. One man of 27 was bitten by a dog, and although there was no evidence of rabies, he received eighteen prophylactic injections of antirabic serum. The last day he received two injections, as he was leaving the city. On the journey home he felt formication in the right side of the face and six hours later right facial paralysis developed, and five days later, the same on the left side, with pains in the right ear. Opening the jaws was painful, and frontal and occipital headache was present and pain in the back at times, testifying to neuritis of the cerebral and certain peripheral nerves, with a certain amount of psychic disturbance. In three months he seemed to have quite recovered and had resumed work. Nothing else was known to explain the facial diplegia; rabies itself, Hübner thinks, can be definitely excluded in the case. In eight other cases he noted weakness and psychic changes after antirabies treatment. His experience thus warns that antirabies treatment is liable to temporarily incapacitate to some extent for regular work and responsibility.

Pari. HYPERHIDROSES IN MYELOPATHIES. [In Policlinica, Sez. Prat., August 16, 1920.]

Experiments on cats would tend to show that there may be a secretion of sweat below a spinal lesion, either temporarily following the trauma or for a longer period. Two mechanisms may give rise to hyperhidrosis in spinal cord lesions: (1) Direct irritation of the secretory