SPINAL REFLEXES AND CUTANEOUS STIMULUS. C. S. Sherrington (Journ. de Physiol., Aug. 24, 1903).

Qualitative differences between spinal reflexes provoked from the skin, according to Sherrington, are usually distinguished only in so far as dependent on differences in the regional locus of their initiation. But the variety of species of sensation elicitable from the skin suggests that possibly different reflex motor reactions attached to the different species of end-organs undoubtedly co-existing in one and the same skin field. The author found in experiments on dogs that this is really the case, the different kinds of nerve-endings situated in a certain cutaneous area possessing reflex spinal connections differing wholly inter se. For discrimination between certain sets of end-organs in the skin there are, in fact, available not only psychological criteria involving processes of sense, but data purely physiological with characteristics given in tensions of the musculature.

JELLIFFE.

POLYMYOSITIS AND DERMATOMYOSITIS. R. Rome (La Presse Medicale, May 30, 1903).

The author discusses polymyositis and dermatomyositis, under which terms are included conditions which are more familiar to the German than the French writers. Gouget has described the condition and its transformation into what he calls demato-muco-myositis, which is synonymous with what we call scleroderma. Headache, chills and febrile rise make up a brief and a rapid prodromal period, followed by pains in the muscles, localized or diffuse, increased by palpation, active or passive motions, sometimes severe enough to absolutely cripple the patient. This motor paralysis depends on no other cause than the pain. The muscles are much changed in their structure, being cedematous, almost fluctuating, later infiltrated, indurated, until it becomes atrophied, with absence of electric excitability and the reflexes, first increased, then abolished.

In the course of the disease, muscles of the eyes, respiration or deglutition may become involved. The skin and subcutaneous tissue over the affected muscles is affected, resembling erysipelas. It is also the seat of various eruptions, resembling sometimes purpura or erythema nodosum, sometimes psoriasis, eczema, or even herpes. When these lesions depart a characteristic pigment remains. A tumefaction of the entire region occupied by this dermatomyositis, sometimes including joints. The lesions of the mucous membranes constitute a third characteristic element of this dermatomyositis, and shows redness and tumefaction, with formation of little superficial ulcerations. To these symptoms may be added fever, nephritis, enlarged spleen, or multiple hemorrhages. Oppenheim believes that scleroderma may develop with the clinical manifestations of dermatomyositis and that dermatomyositis may finally end in scleroderma.

NOYES.