bryonal medullary canal and to the heterotopic development of germinal cells; they may be called metaplasms (in contradistinction to neoplasms). The fact that syringomyelia is a progressive process cannot be adduced in disproof of this view. From the standpoint of general pathology, gliosis and syringomyelia resemble the cutaneous nevi which are almost universally acknowledged to be malformations of the integument due to congenital tendencies. There is no such thing as a syringomyelia or gliosis acquired in postfetal years. Loss of substance in the spinal column in postfetal years may be caused by various malacias, and these defects may assume the form of long hollows, but they are never connected with misplaced germinal elements and never develop progressively. Hematomyelia is no exception to this rule. Secondary hydromyelia after compression is connected with a slight anomaly in the closing mechanism of the medullary canal but the phenomena of proliferation in the ependymal elements are of very different character from those in syringomyelia. Examples from recent literature are cited showing the connection of syringomyelia with other signs of hereditary degenerative tendency. [J.]

Tilney, F. EVOLUTION AND FUNCTIONAL SIGNIFICANCE OF MEDULLA OBLONGATA. [Neur. Bull., November-December, 1919.]

The author gives a functional review of the medulla and concludes that the gray matter of the medulla embodies a dominant autonomy over the vital processes of life. It mediates an essential control over respiration, cardiovascular activity, phonation, articulation, deglutition, digestion, secretion and metabolism. It also acts as an important relay station for the auditory nerve. The white matter of the medulla represents the continuity in all of the major conduction paths which serve to maintain efficient relations between the receptors and effectors of the body. The medulla is not only traversed by many of the most important afferent and efferent pathways of the nervous system, but is the site of decussation of several systems of fibers, notably the mesial fillet, Deiterospinal, olivocerebellar and pyramidal tracts.

Dibbelt, H. PSEUDOBULBAR PARALYSIS IN CHILDREN. [Arch. für Kinderheilkunde, October 11, 1919.]

Two children of 6 and 8 with spastic diplegia of a severe form are here reported upon. The disease is considered either congenital or as developing soon after birth. Eye symptoms were absent and the intelligence was average. In the thirteen cases on record with necropsy findings some defect in the cortex was apparent. Orthopedic therapy by strengthening the antagonist muscles, with possibly surgical measures for spastic contracture is indicated. Patience and perseverance are indispensable to train other synergistic groups to substitute for the lacking cortical associative pathways.