in mild acute cases. Treatment was generally followed up for two weeks at least. Infantile beriberi symptoms were relieved with comparative rapidity. Edema yielded quickly, and nutrition improved at once. No special diet was prescribed. Patients were given regular hospital diets in accordance with the state of their digestion. Children receiving the extract continued to nurse at the mother's breast. The effect of the autolyzed yeast extract used is similar to that produced by the hydrolyzed extract of rice polishings; it seemed weaker, however.

Paulian, D. E. NEUROLOGICAL SIGNS IN TYPHUS. [Rev. Neur., Aug., 1919, No. 8.]

The author points out a tardy meningeal reaction in typhus, and unequal pupils which have been observed in 60 per cent. of his cases. Neuritis is also common, fifty-five cases were observed. Facial diplegia developed nine months after the typhus, in two others during convalescence from the disease.

Gordon, A. TOXIC INFECTIOUS MULTIPLE NEURITIS. [N. Y. Med. Jl., Oct. 4, 1919.]

In this interesting report seventeen cases are taken up in detail. In most of the cases the neuritis followed some infectious disease—as follows: Measles, two cases; pneumonia, three cases; typhoid, five cases; puerperal states, three cases; influenza, two cases. The author suggests that hepatic insufficiency might be responsible for the trouble, but offers no suggestions as to the mechanism involved.

Pitres, A., and Marchand, L. ULNAR NERVE PALSY AND CLAW HAND. [Revue Neurolog., Vol. 26, No. 5. J. A. M. A.]

Pitres and Marchand give illustrations of different types of what they call *griffes cubitales*. The thumb and the index finger are normal, but the little finger, the ring and sometimes the middle finger are flexed to a degree to amount to a deformity. They have encountered 163 cases of the kind consecutive to war wounds. This vicious attitude of these fingers is a frequent but not a pathognomonic symptom of traumatic paralysis of the ulnar nerve. It develops in about 90 per cent. of the cases of ulnar injury, but it may occur even without injury of this nerve. The fingers are held in this position at first merely to avoid pain, and then the position becomes irreducible and incurable on account of the neurotrophic lesions which develop in the tissues around the joints. In other cases the deformity is primary, the result of the functional contracture of the fibers of the flexor longus added to the symptoms proper of the lesions of the ulnar nerve. There is also a group of false *griffes cubitales* from contracture of hysterotraumatic origin, or cicatricial retraction, etc.