was somewhat alarming, especially as he complained of some fullness in the throat. Had this type of edema invaded the larynx, the condition would have become immediately dangerous. Treatment consisted in the administration of calomel and salines, followed by calcium lactate, 10 grains every two hours. Recovery appeared to follow the use of the last-named drug in such a way as to suggest that it had an influence on the condition; and in future cases I should begin it at the outset. The possibility of laryngeal invasion was, of course, prepared for. The child was of an intensely nervous type, and reacted acutely to insect bites.

Kramer, S. P. REPRESENTATION IN THE CEREBRAL CORTEX OF THE PERIPHERAL BLOOD VESSELS. [Contributions to Medical and Biological Research, Osler, 1919, II, 857.]

In a previously recorded case of cortical tumor, Kramer had noticed that while removing the growth the crossed radial pulse became perceptibly weaker and remained so for some hours after both first and second stages of the removal. He has since observed a similar phenomenon in two cases of gunshot wound of the cortex, the difference amounting to as much as 20 mm. of mercury. In a series of observations on dogs, Kramer found that stimulation of the leg area of the motor cortex causes a general fall of blood pressure, and in addition a localized fall in the opposite leg. This he determined by dividing the femoral artery on both sides and measuring the pressure directly. By alternate stimulation of the two leg areas, crossed alternating depression of the blood pressure was registered in the femoral arteries. The fall in pressure appears to be due to a local dilatation of the vessels of the crossed limb. [Walshe, Medical Science.]

Holmes, Gordon. PAIN OF CENTRAL ORIGIN. [Contributions to Medical and Biological Research, Osler, 1919, I, 235.]

The rarity with which lesions in the central nervous system cause pain, compared with the relative frequency with which injury and disease of peripheral nerves do so, has naturally given rise to a belief that central nervous lesions are painless unless they also involve the meninges or the peripheral sensory structures.

However, within recent years, clinical investigation has revealed that lesions affecting certain of the central nervous organs may arise to peripherally referred pain. In the case of the thalamus we have the best-known example of this. Dejerine and Roussy first described the "syndrome thalamique," in which from disease affecting the lateral and posterior parts of this organ there results persistent or paroxysmal pain, often of great severity, referred to the affected half of the body or to some part of this. An over-reaction to affective stimuli is a characteristic feature of this syndrome.

Head and Holmes, working together, have concluded that these pains