

rise to rumbling sensations ("Gurren") in the abdomen. The author regards the sensations of the fish as akin to these, rather than to the auditory sensations of the human subject with head (and ears containing air) immersed in water near vibrating plate.

Rimbaud, Vernet. JUGULAR FORAMEN SYNDROMES. [Bull. d. l. S. M. des Hop., Vol. 42, 1918, No. 14.]

Injury to the pneumogastric and spinal nerves as they emerge from the jugular foramen gives rise to a definite syndromy here discussed. Hypertrophied glands are one of the most frequent causes of compression. There is characteristic paralysis of the superior constrictor of the pharynx, evident when the tongue is held down with the spatula. In phonation, the posterior wall of the pharynx is drawn toward the sound side. Swallowing of solid food is difficult. The paralysis may be so complete that swallowing is impossible. In the case described the patient twisted his head toward the side affected, to aid in swallowing. The syndrome had resulted from a shrapnel wound in this region which had not directly injured the nerve structures but probably gave rise to a compressing hematoma.

Nicholas, A. NOTE ON THE NERVUS TERMINALIS. [Bil. de l'Acad. de Méd., 1918, LXXIX, p. 250.]

Nicholas has studied the nervus terminalis in man, and also in many specimens of the chimpanzee and gibbon. Most of its terminal filaments go to that part of the mucosa of the nasal septum which is anterior to the area supplied by the vomero-nasal nerve: a smaller number are intermingled with the filaments of that nerve. The nervus terminalis is present in all vertebrates from Selachians to man; it is as definite in those forms where Jacobson's vomero-nasal organ is poorly developed as where it is highly developed; it is present equally in osmatic, microsomatic, and anosmatic animals. Nicholas confirms the presence of numerous microscopic ganglia on its course, in addition to a definite "ganglion terminale." He points out that from its great antiquity and its high degree of development in higher animal forms we must decline to look on it as having undergone any reduction in its evolution.

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2. PERIPHERAL NERVES.

Kent, Syndey. THE ASSOCIATION OF NEURITIS AND MYALGIA WITH SUB-NORMAL TEMPERATURE. [Practitioner, 1917, XCIX, p. 575.]

Kent, writing in an English journal, finds that the temperature is invariably sub-normal in lumbago, sciatica, and in all neuritis which is not complicated by, or symptomatic of, some febrile disease. He rejects the whole salicylate group of drugs which depress the temperature still lower: though they often give relief, he regards them as