which make excessive demands on the correction. But it is in these very cases that the greatest benefit may be realized.

Chiray et Roger, E. THE "MUSCULAR SYNDROME" OF SCIATICA. [Bull. et mém. Soc. méd. d. hôp. de Par., 43, 1919, 73.]

Muscular atrophy, hypotonus, exaggeration of idio-muscular contractility, and changes in electrical excitability are the chief signs in this syndrome. In exceptional cases only do these symptoms amount to paralysis. They frequently give rise to weakness localized to certain muscles of the leg. The atrophy usually remains slight. It begins and is most pronounced in the foot. Barré has shown that it is seen in the extensor brevis digitorum more particularly. In some patients the plantar muscles are morbid. Later, in the severe and persistent forms, the atrophy affects the gastrocnemius, soleus, peronei or tibialis anticus. Atrophy of the thigh and buttock may be observed later. Exaggeration of idio-muscular contractility has been extensively studied by Villaret and Faure-Beaulieu, who have shown that percussion of the gastrocnemii causes a larger and longer contraction on the affected side than on the sound side, giving rise to a slow and exaggerated plantar flexion.

Tanfani, G. SCIATIC PARALYSIS FROM QUININE INJECTIONS. [Riforma. Medica, September 20, 1919.]

This paper reports three cases of paralysis of the sciatic or its branches following intragluteal injection of quinine for malaria. In the first case the external popliteal nerve was severely damaged, but there was only a slight irritation of the fibers of the internal popliteal manifested by the presence of pain on palpation of the nerve trunk, and absence of the tendo Achillis jerk. In the second case the external popliteal nerve was chiefly affected, but involvement of the internal popliteal was shown by pain and diminution of electrical excitability. In the third case there was complete paralysis of all the muscles of the leg and foot, indicating a damage to the whole of the sciatic nerve. W. Murray, in the discussion on malaria at the clinical meeting of the British Medical Association last April, said he had seen two cases each of musculo-spiral and sciatic paralysis following hurried intramuscular injections of quinine.

2. CRANIAL NERVES.

Schoenberg, M. J. ACUTE RETROBULBAR NEURITIS IN A CHILD. [Arch. Ophth., Jan., 1919.]

M. J. Schoenberg relates the case of a child of four years who suddenly lost the sight of both eyes. On examination the pupils were found to be dilated, equal, regular and did not react to light. There was papilledema of 2 D in each eye; no hemorrhages or exudates. Colon