Burke, N. H. M. ELECTRICAL TESTING OF NERVES AT OPERATION. [Br. Med. J., September 11, 1920.]

Electrical conductivity, as well as excitability, are conclusive evidences of physiologic continuity of nerve fibers. An immediate improvement in electrical conductivity or excitability after neurolysis is suggestive of very slight compression, possibly chemical nerve block, and justifies a good prognosis. Absence of conductivity and excitability after neurolysis, indicates a severe nerve disturbance but is not conclusive proof of complete division of a nerve trunk.

Grabfield, G. P. PATH OF FARADIC SENSIBILITY. [Am. Arch. Neur. and Psych., July, 1920.]

The evidence collected by Grabfield has been largely gathered from a study of cases presenting certain neurologic lesions or psychiatric conditions, and suggests that faradic stimuli of liminal value probably follow the path of the thermal fibers, while markedly supraliminal stimuli may use other paths. The postrolandic cortex is in all likelihood the arrival platform for these impulses. [J. A. M. A.]

2. CRANIAL NERVES.

Schoenberg, M. J. DIAGNOSIS AND TREATMENT OF LUETIC INVOLVEMENT OF OPTIC PATHWAYS. [Arch. of Ophthalmology, March, 1920.]

The author says that although our present means of establishing a diagnosis constitute a pretty good armamentarium to furnish more or less satisfactory information, early diagnosis of syphilis of the optic pathways is not made except in an infinitesimal percentage of cases. He asserts that examinations should be begun as soon as the primary lesion makes its appearance and repeated at regular intervals during the entire time the patient is under the observation of the physician. Diagnosis must be accurate, and one of the most difficult problems is the diagnosis of a nonsyphilitic condition in a patient with syphilis. There are many pitfalls, of which he considers the first and most dangerous to be the Wassermann blood test. It has almost become an established tradition that a patient with an optic neuritis or an optic atrophy, and a three or four plus Wassermann blood reaction, must have a syphilitic optic nerve lesion, yet nothing may be further from the truth. A single blood test can never be depended on for a final decision. The condition may be due to a cause other than syphilis, though the patient be syphilitic, or it may be due to syphilis plus one or several other causes. Conditions to be borne in mind while investigating such cases include, first, acute or

chronic sepsis from foci of infection in nasal sinuses, tonsils, teeth, gall-bladder, appendix, genitals, and intestines; second, acute or chronic toxemias, lead, arsenic, alcohol and disturbances of digestion, nutrition, elimination, and the endocrine system; third, acute or chronic trauma, emotional, physical, occupational, such as aneurysms, empyema of the nasal sinuses, periostitis of the optic foramen; and fourth, heredity and congenital conditions. One of the most valuable additions to our diagnostic armamentarium of late years is the examination of the spinal fluid. The information we obtain shows us whether we have to deal with a luetic involvement of the central nervous system; gives a clue as to about what pathological type of lesion of the optic path we are dealing with, and furnishes us a good deal of information about the prognosis. Concerning the disagreement of opinion regarding the indications and efficacy of intraspinal and intracranial medication, he thinks that the good results obtained are due not so much to the medication as to the meningeal reaction, the active hyperemia.

After a diagnosis has been made we must ascertain whether there is yet present an active process. End results of a condition which has come to a standstill need no treatment. A partial optic atrophy with no tendency to progress, with negative findings in the blood and spinal fluid, and no clinical evidence of an active neurological disease, should be watched but not treated. For patients with vision reduced to counting fingers at a few feet, poor fields and atrophic discs, there is not much hope. There remains the group of cases with 20/200 vision or more, with fairly good fields, and in good general condition, to be treated according to the type of neurolues and type of optic nerve lesion present. Therapeutically it is of the greatest importance to have a clear idea of whether we have to deal with taboparesis, cerebrospinal lues, or a vascular case; what type of optic pathway lesion the patient has, and in what stages of lues the optic pathway became involved. The indications, the dose, the frequency of treatment, and the method of administration are quite different, not only in each type of neurolues, but also in each type of optic path syphilis. It is therapeutically meaningless to say optic atrophy without mentioning the kind of atrophy we are dealing with.

Fortuyn, A. B. Droogleever. TWO NERVES OF VERTEBRATES AGREEING IN STRUCTURE WITH THE NERVES OF INVERTEBRATES. [Proc. Koninkl. Akad. van Wetenschappen te Amsterdam, 1919, XXI, H 1, 756.]

The olfactory cells in the vertebrate mucous membrane are "conducting sense cells," as the writer calls them; they are not surrounded by nerve fibers, but their cell body directly passes into a process with all the characteristics of a nerve fiber. These nerve fibers, the fila olfactoria, constitute the nervus olfactorius. So the olfactory nerve deviates in its structure from all the other nerves of vertebrates. In vertebrates conductive sense cells are found only in the rod and cone cells of the