avoided, and brings forth evidence to show that the intermittent stretching of paralyzed muscles to their normal extent does not appreciably promote their atrophy. On the other hand, such mild, intermittent stretching by movements of the joint upon which they act may be beneficial to the muscles, both by keeping the joint mobile, and by preventing contraction of the muscles and aiding in maintaining their nutrition and removing waste products. With reference to the effect of such intermittent stretching on the nerves, the evidence indicates that it is not harmful and is probably decidedly beneficial in the period before nerve suture. After nerve suture, where there has been no shortening of the nerve, slight movements should be begun in a few weeks. These do not jeopardize the nerve's union, they prevent joints stiffening, aid nutrition of the muscles, and tend to elongate the connective tissue which binds the nerve to its neighboring tissues. Where the nerve suture has been accompanied by a reduction in the length of the nerve no movements should be made until there is reason to believe that the union is very firm, and then they should be started very gently and be very limited in extent.

Burrow, J. Le F., and Carter, H. S. INVESTIGATION OF ONE THOUSAND CONSECUTIVE CASES OF PERIPHERAL NERVE INJURY. [British Medical Journal, Nov. 16, 1918.]

Great stress is laid upon the need for a full and accurate statement of the methods employed in the study of nerve injuries, and the authors proceed to give their methods in great detail. Their observations after nerve repair point to the following general facts: The first functions to recover are the trophic and vasomotor, trophic ulcers often healing with surprising rapidity. The next to recover is deep sensibility, generally in the order of pressure sense, perception of movement in joints, roughness, and pressure pain. Location of tactile pressure recovers earlier than accurate gauging of position and range of movement. Then there appear radiating, ill localized sensations, usually associated with tingling, and having a high threshold value. The gradual disappearance of these sensations is accompanied by the accurate perception of light touch and a lowering of the threshold value of the stimulus required. Finally the various discriminating senses recover, but usually very imperfectly. Recovery of voluntary movement appears first in the highest muscles and gradually extends downward. It begins long before the radiating and ill localized sensations are gone. The first change in electrical reaction following suture is a brisker response to the anodal closing stimulus. This is followed by a gradual change in the polar reversal through polar equality to normal polarity. Faradic responses are slow in returning and voluntary movement may appear weeks before there is the slightest faradic response.

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