ethyl chloride is blown in, and on the other it is removed by a water pump. By this means the hooked end and the nerve trunk lying in it are frozen. A nerve of the size of the median is frozen for two minutes, then thawed with lukewarm physiological salt solution, and then frozen again. In the case of pain from bullet wounds one must freeze the nerve trunk centrally of the point of lesion. The pain disappears immediately the nerve is frozen, and there is motor palsy of the muscles supplied by it. From experiments on animals it appears that ultimate regeneration of the degenerated frozen nerve fibers always takes place, but at a varying date, usually from six to twelve months. The date of regeneration depends partly on the point at which the nerve is frozen and partly on the length of the distal segment; a short distal end regenerates more quickly than a long one. This freezing method has some definite advantages over the alcohol injection method. [Leonard J. Kidd, London, England.]

Boyd. PELLAGRA AMONG TURKISH WAR PRISONERS IN EGYPT. [Edin. Med. Jl., June, 1920. B. M. J.]

Pellagra occurred in considerable proportions among Turkish prisoners in Egypt. Clinical features which appeared early were pigmentation and dryness of the skin on the backs of the hands and the face first. Dyspepsia, diarrhea, muscular atrophy, hyperpiesis, achlorhydria and mental dejection were among the symptoms as well. The clinical features resembled those of a profound suprarenal inadequacy. There was no evidence of an infection plant or animal. The digestive disturbance accompanied by defective secretion of hydrochloric acid appeared to lead to disturbance of pancreatic digestive function and malassimilation of protein and fat. There seemed to be an intimate connection between the proportion of biological protein in the diet and the causation of pellagra. The relation between maize and pellagra appeared not to be due to any toxic properties inherent in the maize, but to its poverty in vitamin. Treatment by increasing the intake of the latter was speedily successful.

Bolten, G. C. THE PROBLEM OF SO-CALLED ASCENDING NEURITIS. [Nederlandsch Tijdschr. voor Geneeskunde, 1921, LXV, H 1, 181.]

The parenchymatous process of a genuine neuritis cannot ascend, but inflammation of the lymph paths of nerves, as in cases of perineuritis or of interstitial neuritis, does sometimes occur; the infective processes in the lymph paths of a nerve trunk can ascend and even pass up neighboring nerve trunks anatomically connected with it; we should describe these as cases of a "lymphangitis nervorum ascendus" and add "streptococcal" or "tuberculous," etc. Bolten describes a case of a man aged 25 who had a tuberculous lesion of a carpal bone; the inflammation extended into the soft parts and into the median nerve, and