of the foot appeared, and the symptoms were much exaggerated when the foot was pendent. Some months after this "red neuralgia" began; a small ulcer appeared on the dorsal surface of the foot, became deeper and wider, and dry gangrene of the second toe, and later of the other toes, of the foot developed. Amputation through the thigh was performed. The patient recovered from the operation and was free from pain. The portions of the anterior tibial and the popliteal arteries examined were found diseased, and the intima was most affected. The lumen in some parts was occluded. The changes in the nerves were proportionally slight. The authors believe that much more importance is to be attributed to arterial disease than to nerve degeneration in erythromelalgia, and that a condition similar to that of erythromelalgia without pain is not infrequently found in chronic cardiac and vascular disease. They report two cases in demonstration of this fact, and in conclusion they say that erythromelalgia occurs often as an independent symptom-group, although it is not an independent disease. In uncomplicated cases it is probably due to disease of the peripheral arteries. The obliterating endarteritis may be connected indirectly with central disease, but may be independent of such disturbance. In comparison with cardiac and vascular disease, erythromelalgia is probably more a disease of the arteries than of the nerves. SPILLER.

227. NORMAL AND PATHOLOGICAL HISTOLOGY OF THE NERVE CELL.
W. F. Robertson (Brain, 22, 1899, p. 203, Summer.)

Attention is here directed to this very excellent critical résumé of the recent literature bearing on the histology of the nerve cell. As the paper in question is a critical digest it cannot be abstracted. Particular attention is paid by the author to the histology; the pathology is given in bibliography. With this paper and its bibliography; with the monograph of Ewing's on "Studies in Ganglion Cells;" and the "Bibliographical Contribution" of Jelliffe, both of which latter are published in the Archives of Neurology and Psycho-pathology, the present-day student cannot plead ignorance of the great field of ganglion cell pathology. JELLIFFE.

228. UEBER VOM VIERHÜGEL, VON DER BRÜCKE UND VOM KLEINHIRN ABSTEIGENDE BAHNEN (Concerning Descending Tracts from the Corpora Quadrigemina, Pons and Cerebellum). M. Probst (Deutsche Zeitschrift für Nervenheilkunde, Vol. 15, Nos. 3 and 4, p. 192).

Probst's paper is so full of detail that an abstract can hardly do justice to it. He finds experimentally that v. Monakow's bundle arises in the nucleus ruber and not in the thalamus or corpora quadrigemina, and it contains also ascending fibers. The descending fibers of the bundle could be traced into the sacral cord. The tract within the cord forms part of the crossed pyramidal tract, and because of this the area of degeneration in the lateral column is greater from a lesion in the spinal cord than from one in the pyramids or higher up. The normal fibers found within the crossed pyramidal tract in advanced cases of amyotrophic lateral sclerosis belong to v. Monakow's bundle. The tract has probably motor function, and yet division of the tract in animals does not cause paralysis. v. Monakow's bundle also receives fibers from the arched fibers (Bogenfasern) of the tegmentum of the pons.

The corpora-quadrigemina-anterior-column tract (Vierhügel-Vorderstrangbahn) almost disappears in the lower cervical cord. It