Adson, Asa. ULNAR PARALYSIS. [Minnesota Med., Dec., 1918.]

Three cases of operation on the ulnar nerves are reported in which neuromas developed. The enlargement was of the usual fusiform type with characteristic implication of the nerve fascicles. The ulnar groove was shallow, due to an overgrowth from the olecranon. In one patient a bony spur of the ulna was present. The diffuse thickening of the nerve is due to constant bruising, or stretching of the nerve over some of the bony prominences. Small hemorrhages causing inflammatory reactions and scar tissue occur. The scar tissue contracts, the fibers become pressed upon and a gradual and progressive atrophy of the ulnar nerve results. The surgical treatment is by resection of the ends beyond the neuroma.

2. CRANIAL NERVES.

Moure, J. NEW METHOD OF EXAMINATION OF THE VESTIBULAR LABYRINTH. [Rev. de laryngol., Aug. 31, 1916.]

Moure describes a simple and novel method for testing out the labyrinthine function, employed because of its convenience in tests made on the French soldiers. It is based on a principle contained in a game of children, which consists in turning around a number of times with the head bent over to touch a cane and with the eyes closed. If a person with normal hearing does this five or six times, the feet being kept close together, and then suddenly stops, raises the head and opens the eyes, it will be impossible for him to walk straight forward. He will always take a step in the direction opposite to the first foot employed—that is to say, if the first step is taken with the left foot he will fall or step forward toward the right, and vice versa, if the first step is taken with the right foot he will fall or step toward the left. In the hypo-excited labyrinth the amount of deviation will be more or less reduced, according to the degree of labyrinthine involvement, until in the totally dead labyrinth the patient will have no difficulty in walking directly forward. In case the labyrinth is hyperexcited it will be necessary to do the turning with less vigor and a fewer number of times. The normal reaction will be correspondingly intensified.

Gott. EARLY SIGNS OF POST-DIPHTHERITIC PARALYSIS. [Münch. med. Woch., 1918, LXV, p. 669.]

The author points out that one of the earliest signs to appear in diphtheritic paralysis is Chvostek's phenomenon. Another early sign is increased activity of the knee-jerks. Chvostek's phenomenon and increased knee-jerk may be present in the beginning of convalescence from diphtheria before there is any suggestion of paralysis. In the majority of cases Chvostek's sign disappears entirely, and the knee-jerks become normal, without any palatal or ocular paralysis occurring, but children