tend to confirm the results of Darkschewitsch's and Dees's anatomical investigations, who proved the unity of origin of the outer and inner branches of the spinal accessory nerve and its independence of the vagus-glossopharyngeal nucleus. J. C.

Disseminated and Successive Gangrene of the Skin of Hysterical Origin.—Bayet (*Ann de derm. et de syph.*, Vol. V., No. 5, May, 1894).

The patient was a boy of nineteen, in whom disease began with a superficial sulphuric acid burn on the left forearm. The burn healed in twelve days. The patient was clearly hysterical. Two days after the accident the morbid phenomena began to appear. A diffuse redness was first noticed, of much greater extent than the spot, which afterward underwent necrosis; then a number of bright white points, isolated from each other, the first sign of epidermic alteration. These points later took a brownish tint, coincidently with the disappearance of the hyperæmia and a hæmorrhagic focus found about them. The process may be arrested at that point, but ordinarily it goes on. The necrotic points united and formed a large superficial scab of an ochre color. The shedding of the crust left bare a superficial ulceration, which healed with difficulty. As a rule, a true cicatrix was not formed; the epidermis was regenerated, but thinner, less resistant, and deeply pigmented. The epidermic regeneration was often interrupted by the formation of sero-sanguinolent blebs. When the process invaded the dermis, and a true cicatrix was formed, it often took a keloid aspect. The initial lesion is then epidermic, of uncertain nature but clearly of trophic origin. The disease appeared on the left forearm, the site of the burn. The subjective symptoms were marked, but there was no loss of sensation except in the pharynx. Simulation was ruled out by a direct observation made by the author under the auspices of others. COLLINS.

Optic Neuritis as a Sign of Brain Tumor.—By William H. Wilder, M.D. (*Chicago Medical Recorder*, May, 1894).

The author discusses the relative value of optic neuritis in brain tumor in a study of 161 cases in which either an operation or an autopsy had been performed. He considers briefly the nature and pathology of optic neuritis, states the various theories of Graefe, Schmidt and Manz, Hughlings Jackson, Leber, Edmunds and Lawford, and indicates where these hypotheses are found wanting. He also discusses the value of optic neuritis as a diagnostic sign in cases of brain tumor, its worth as a means of localization, and its significance with reference to the nature of the tumor.

Of the 161 cases investigated, 90 comprise growths of the type of glioma and sarcoma, with their mixed forms. Optic neuritis was found in 74.3 per cent. of the cases which were examined with reference to this sign. Out of 104 cases with choked disc, 37 showed involvement of the cerebellum, whilst in 25 the motor convolutions were the seat of the neoplasm; 90 per cent. of the cerebellar tumors were accompanied by optic neuritis.

The author remarks the infrequency of one-sided choked disc. In some cases the neuritis was more pronounced on one side than on the other, and this, in the large majority of the cases, on the side corresponding to the new growth. W. is inclined to believe that the cause of neuritis of the optic nerve must be sought in the irritation of the nervous elements by the products of tissue change in the growth, causing a descending inflammation, or that they cause a direct irritation of the nerve, through the medium of the fluids of the optic sheath. Wilder lays stress on periodical attacks of blindness as a clue to a possible intracranial growth. MEIROWITZ.

PSYCHIATRY.

The Polineuritic Psychosis (*psichosi polineuritica*).—By R. Collello, M.D. (*Annali di Neurologia*, anno xii. fasc. iii.)