tubercle bacilli penetrated that nerve's lymph paths. At first there were exclusively signs of a neuritis of the most peripheral part of the median nerve. Some months later he returned with signs of a median neuritis of the forearm; then some months later signs of a complete plexus neuritis. Thus the germs that penetrated the peripheral median nerve from the tuberculous os lunatum must have ascended in it and thence passed into other nerve trunks. On account of the obstinate pain the arm was amputated, and the tuberculous lesion was demonstrated. When the patient was first seen there was not the slightest trace of any affection of the forearm nor of lymphangitis or glandular swelling. Apart from the primary bone lesion and the interstitial neuritis there was nowhere any trace of inflammation, nor of swollen lymph nodes, so that here there was no question of an ascending lymphangitis with secondary signs of neuritis. In almost all the cases described as "descending neuritis" that bear criticism, there is mention of an infected skin wound or of a phlegmon or other inflammatory focus. [Leonard J. Kidd, London, England.]

Sprawson, C. A. BERIBERI IN MESOPOTAMIAN FORCE. [Quart. Jl. of Med., July, 1920. J. A. M. A.]

The results of Sprawson's observations are summarized as follows: The disease called beriberi is a syndrome which may arise from various causes under different circumstances. One class of case is not due to a food deficiency, but appears to result from an infection. Other cases are due to a vitamin deficiency in the food: this takes a few months to operate in a previously healthy subject and may be called "primary beriberi." In yet another class the syndrome arises apparently from the effect of some depressing influence or secondary infection on a subject previously rendered susceptible to the disease. These cases may be considered to have been suffering from "latent beriberi." In all classes the clinical appearance is approximately the same, there being differences only in the relative frequency of various manifestations in the three groups.

Roussy, G., and Cornil, L. DIAGNOSIS OF SCIATICA. [La Médecine, February, 1920.]

Three new and useful tests for sciatica are here described. (1) Lateral flexion of the trunk. If the patient, standing with his hands on his hips, flexes his trunk laterally, first to the right and then to the left, without bending the lower limb, a limitation in lateral flexion will be observed, as a rule on the side of the pain, more rarely on the opposite side. (2) Dorsal flexion of the foot. The patient lies on his back, the affected limb being in the position of maximum extension. The foot is suddenly flexed on the leg, thus causing an elongation of the nerve, especially of the posterior tibial. In genuine cases an immediate pain de-

fense movement occurs, shown by flexion of the leg on the thigh and of the thigh on the pelvis so as to relax the elongated nerve. The pain is localized in the calf, and sometimes all along the trunk of the nerve on the back of the thigh. (3) Internal torsion of the foot causes a pain on the outer surface of the leg, especially below the head of the fibula, and the patient flexes the lower limb to relieve the pain. Elongation of the external popliteal nerve is probably the cause.

Byfield, A. H. POLYNEURITIC SYNDROME RESEMBLING PELLAGRA ACRODYNIA. [Am. Jl. Dis. of Children, November, 1920. J. A. M. A.]

Seventeen patients, all under 4 years of age (five of them being less than 1 year old), who have been seen by Byfield, manifested a group of signs and symptoms out of the ordinary. The resemblance of their malady to pellagra was striking, but so many points spoke against such a diagnosis, that it was necessary to think of the presence of some other disease. The disease picture was a complex one, the nervous system and the skin being most involved, while the respiratory tract and the digestive tract appeared to be less affected. According to the anamneses, infection rather than dietary error seems to play the more important rôle as an exciting factor. A postmortem examination in one case (complicated with tuberculosis) showed involvement of an occasional anterior horn cell of the spinal cord, gliosis about the central canal and edema of the sensory roots. It is suggested that the disease is a post-influenzal radiculitis or sensory polyneuritis.

Castronuovo, G. DIFFUSE TUBERCULOUS NEUROFIBROMATOSIS. [Riforma Medica, September 4, 1920.]

A 34 year old man dies of tuberculous pneumonia. He has more or less coincidentally developed a diffuse neurofibromatosis. The onset had been accompanied with diarrhea, asthenia, diminished blood pressure and gastric disturbance, and pigmentation of the skin. Adrenalin injections had caused marked improvement in these symptoms but the lung process was unmodified.

Salom, C. E. BERIBERI. [Gaceta Médica de Caracas, April 15, 1920.]

Beriberi is one of the scourges of southern countries, notably of Venezuela. He finds that climate is an important factor, hence a change of climate should be advised. The paralytic and edematous forms get well with climatic therapy but the fulminating cases are usually fatal. Food therapy is also of service.

Henry, A. K. SECTION OF ULNAR NERVE. [Br. Jl. of Surgery, July, 1920.]

An example of the presence of a communicating branch in the forearm between the median and ulnar nerves is mentioned by Henry. The surgical importance of the abnormality is emphasized.