pallidum. Here also, the more the germ is deprived of its dermatropic affinity, the more easily does it become acclimatized to the brain (general paralysis) or to the spinal marrow (tabes dorsalis), and vice versa.

2. CRANIAL NERVES.

Roger and Reboul-Lachaud. HERPES ZOSTER OF GENICULATE GANGLION. [Paris Médical, October, 1921, XI, No. 40.]

In this clinical paper the author reports a case of herpes zoster affecting the geniculate. Pain and an eruption in the ear, with the general symptoms of herpes zoster, facial paralysis and transient disturbance in hearing on that side were present.

Dragotti. SEASICKNESS. [Policlinico, February 16, 1920, XXVII, No. 7. J. A. M. A.]

Dragotti recalls that all movements of the body liable to sway the lymph in the semicircular canals may induce symptoms like those of seasickness. A cold or hot douche of the ear may not only produce the same symptoms but may arrest them when they have been brought on by the movement of the ship. Infants escape seasickness as their semicircular canals and the endolymph are not completely developed. Prevention and treatment of seasickness can aim, he says, only to reduce the excitability of the semicircular canal system, as we are unable to prevent the endolymph from being swung about. The bromids therefore, he declares, are the most effectual means in prevention, and strontium bromid irritates the stomach least of the various salts. Small doses are best, 1 gm. three times a day, beginning a week before going on board the ship and keeping it up during the entire voyage. Other sedatives might also be used. The labyrinth in time loses its extreme excitability. The same effect might be realized on land with the revolving chair or other means to train the semicircular canals to bear the swinging of the endolymph without reaction.

Benedict, W. L. RETINITIS OF HYPERTENSION PLUS NEPHRITIS [Jl. Am. Med. Assoc., June 3, 1922.]

Albuminuric retinitis does not always indicate an incurable disease of the kidneys or of the cardiovascular system. The essential features of the composite pictures that make up albuminuric retinitis, however, can be studied singly, in connection with the general vascular system and the kidneys. The nature and course of the retinal disease can be conveyed to the internist more accurately through a careful description of the fundus than by any term that cannot be defined fully. The single features which in their entirety compose the retinal pictures have a definite significance, and the association of groups of features gives the best indication of the processes that are active in their production. Vascular changes are present in varying degree in all types

of retinitis, and form the logical basis on which can be erected a useful classification without reference to the still unsettled classification of nephritis. The character and amount of change in the vessel walls can be studied as easily as any other single feature of the retina. Benedict discusses a group of cases in which nephritis occurs late, and as a secondary factor probably follows that uncertain condition known as essential hypertension. The pathology of this type of vascular degeneration has been described by Gull and Sutton, but at the time their studies were made little was known of the influence of variations of blood pressure, and essential hypertension was entirely unknown. Whether the contraction of the small arteries is the factor which produces the high blood pressure or the high blood pressure causes the arteries to become thickened is an unsettled question. However, the blood pressure is raised in essential hypertension long before the contraction of the retinal arteries is noticeable. Also, persons having primary chronic nephritis will have high blood pressure for years without retinal signs until a definite renal break and retinitis of acute nephritis occur. It also is true that persons whose retinal arteries give evidence of the thickening that is seen in essential hypertension of long standing are found to have cardiac hypertrophy and not infrequently albuminuria, headache, dizziness and other symptoms of chronic nephritis, but the presence of nephritis in such cases is difficult to prove even by urinalysis, chemical blood examination, and tests for renal efficiency. The early retinal signs of hypertension sclerosis in the order of their appearance may be divided into two stages: (1) narrowing of the arterial reflex stripe and increased tortuosity of the arteries, loss of transparency of the artery walls, giving what has been described as a copper color, indentation of the veins which are crossed closely by arteries; (2) noticeable contraction of the arteries both in diameter and length (straightening out of curves and bends), deep indentation of the veins where arteries cross closely over them, disappearance of small arterioles, due to their contraction, appearance of minute white spots in the fundus scattered around the macular region without any particular reference to artery endings, and veins two or three times the diameter of the corresponding artery, and showing ampulla-form dilatation distal to the arteriovenous crossing. This constitutes the picture that is seen in persons who have progressive hypertension before any clinical or laboratory evidence of nephritis is found; these symptoms may continue for many years without any noticeable change in renal function. It is well known, however, that a severe break in renal function in a person who has hypertension will produce marked changes in the fundus, characteristic of acute nephritis, in addition to the vascular fibrosis. The picture is a composite one. The earliest noticeable additional changes consist of edema and hyperemia of the disk, and flame-shaped or lanceolate hemorrhage in the retina near the disk. Following this, edema of the

retina and areas of soft "cotton wool" exudate appear. If the blood pressure suddenly becomes greatly elevated, as usually happens with a break in renal function, the hemorrhages, edema and exudate will be correspondingly increased.

Macht, D. I., Greenberg, J., and Isaacs. EFFECT OF SOME ANTIPYRETICS ON ACUITY OF HEARING. [Jour. of Pharmacology and Exper. Therapeutics, April, 1920.]

This experimental study determining the effect of antipyretic drugs on hearing shows that sodium salicylate, acetylsalicylic acid, acetanilid, phenyl salicylate, and similar drugs decrease the threshold of hearing. Pyramidon, acetphenetidin, antipyrin and drugs of a related structural formula increase the threshold of hearing. Various combinations of synergistic and opposing effects are discussed in the text.

Aurand. THROMBOSIS OF THE CENTRAL ARTERY OF THE RETINA FOLLOWING OPHTHALMIC ZOSTER. [Lyon Méd., December 10, 1920.]

This is a clinical record of a case of a woman, aged seventy-five, who forty days after the appearance of ophthalmic zoster on the left side, suddenly lost the sight of her left eye without any preceding strain or injury. Ophthalmoscopic examination showed left optic atrophy and necrosis of the central artery without any retinal haemorrhages. The absence of any cardiac lesion enabled the diagnosis of retinal embolism to be excluded in favor of thrombosis due to endarteritis obliterans, the localization of which was due to the ophthalmic zoster.

Ginestous and Debédát. TRAUMATIC OPTIC ATROPHY. [Jour. de Med. de Bordeaux, Nov., 1920.]

Monocular blindness following trauma is here recorded. A boy hit his right frontal region violently against a tree. He lost consciousness and had bleeding from the nose. Radiography revealed no fracture of the skull. Vision in the right eye was completely abolished, the disc becoming white and atrophic. The authors diagnose a perineural hemorrhage leading to atrophy of the optic nerve.

Minkowski. ANATOMY OF OPTIC NERVE FIBERS. [Schweiz. Arch. f. Neur. u. Psych., 1920, VII, No. 2.]

This important anatomical research discusses the course, the terminals and the central representatives of the crossed and uncrossed optic nerve fibers in certain mammals and in man, and is here put on record for reference.

Cohen, Martin. SIGNIFICANCE OF PATHOLOGIC CHANGES IN FUNDUS. [J. Canad. Med. Assoc., June 3, 1922.]

A fundus diagnosis of chorioretinal arteriosclerosis, with or without edema of the disk, hemorrhages, whitish foci, etc., is a more tenable term