Nové-Josserand, G. SACROLUMBAR PAIN AND LUMBAR VERTEBRA.
[Lyon Chirurgical, November-December, 1919.]

Nové-Josserand reports five cases in which patients complaining of pain in the sacrolumbar region were found on roentgen examination to present malformation of the fifth lumbar vertebra, an abnormal development of the transverse processes which were too long, and often too wide, crowding the fifth lumbar nerve. The fact that when the malformation is unilateral the pain radiates from the same side would seem to furnish strong proof that the malformation is the direct cause of the pain. Resection of the transverse processes does not seem irrational in treatment of this sacralization of the vertebra, causing lumbar neuralgia. [J. A. M. A.]

2. CRANIAL NERVES.

Courbon. THE SYNDROME OF PALSY OF THE CRANIAL NERVES OF THE JUGULAR REGION OF THE CRANIAL CAVITY (TWELFTH, ELEVENTH, TENTH, NINTH, SEVENTH, MOTOR FIFTH AND SPHENOPALATINE GANGLION) DUE TO FRACTURE OF SKULL. [Lyon Médical, 1919, CXXVIII, April, p. 196.]

Courbon reported to the Medico-Chirurgico-Military Society of the fourteenth region on July 27, 1917, the case of a soldier whose skull was probably fractured by a shell explosion which slightly injured his ear and scalp. He was comatose for six days; and, on coming out of the coma, showed clear signs of a lesion of the right seventh, ninth, tenth, eleventh, and twelfth cranial nerves, the motor fifth root, and the sphenopalatine ganglion of the same side. There was great atrophy of right half of tongue, with R. D. of the lingual muscles but not of the infrahyoid muscles; slight atrophy of upper part of right trapezius, with diminution of Faradism and slow galvanic response; complete paralysis of right vocal cord in abduction, hemiparesis of velum palati with regurgitation of liquids through the nose during deglutition; hypæsthesia of right velum palati and right half of pharynx with loss of right pharyngeal reflex; hypæsthesia of external auditory meatus, eructating cough without stethoscopic signs, hypersalivation, with a tendency to tachycardia, the pulse not going lower than 82 after even many hours of recumbency. Difficulty of swallowing of liquids. Vernet's "curtain movement" of right half of pharynx. Hypoageusia. Flaccidity of right cheek, with lagophthalmos: electrical changes in facial muscles. Atrophy of right temporal and masseter, with electrical changes, but preservation of sensibility. Hypæsthesia of right nasal fossa and right half of velum palati. We know that from the sphenopalatine ganglion emerge the inferior nasal, nasopalatine, anterior and middle palatines, and the posterior palatine nerves, which enter the maxillary division of the fifth nerve. Courbon gives reasons for his opinion that the lesion of the cranial nerves in his case was a fracture of the skull in the jugular region. [Leonard J. Kidd.]