of function is ultimately to occur, and is a sure indication that a certain degree of recovery has already taken place. The actual response may be observed either in the muscle itself or in its tendon. If the presence of a quickened response is an encouragement to be eagerly looked for, its absence should be a check to the undue optimism which has done so much to darken knowledge of the results of nerve suture. The primary object of the application of electricity to a paralyzed limb should be the production of contractions in the paralyzed muscles, and the surest direction of progress lies in the development of special forms of current for this purpose. The faradic current can be used to exercise the normal muscles, to free them from adhesions, and to restore them to their full vigor.

Walshe, F. M. R. LOCAL PARALYSIS FOLLOWING SUPERFICIAL INJURIES.
[Brain, Vol. XLII, Part IV.]

This author here comments on a small group of cases of local paralysis after injury to a limb, in which no nerve trunk has been involved. The injury may be trivial and may produce marked paresis or paralysis, with wasting of muscles and diminution of their faradic excitability, impairment of the corresponding tendon jerk, subjective and objective sensory and vasomotor disturbances. These signs have a definite localization corresponding to a peripheral innervation. In every instance the injury was within the territory innervated by the affected nerve and cutaneous nerve endings were either directly injured or overlaid or in some way involved, while the trunk escaped. Sepsis was not an essential factor. They approximate the condition known as ascending neuritis. It is probable that a small proportion of Babinski's physiopathic disorders may have been of the same nature.

Thorburn, W. END RESULTS OF INJURIES TO PERIPHERAL NERVES
TREATED BY OPERATION. [Br. Med. J., September 25, 1920.]

The impression is conveyed to Thorburn by a review of reported cases that secondary nerve suture gives very good results in somewhere between one-third and two-thirds of all cases, but the most careful study of original articles, as well as personal experience, leads him to believe that a perfect neurologic recovery is rarely if ever obtained. Permanent disability may be masked in various ways, but is almost invariably to be detected if carefully searched for. Complete failures are by no means uncommon, and must be looked for in a very definite percentage of even the best operations. Such appear to be the general results in the case of secondary suture. In the case of grafting, much less is to be hoped for. Thorburn believes that it will be found that the greater the experience of end-to-end suture, the less often the need for grafting will be found to arise. So much can be done by bold operating, by extensive

exposures, by thorough stretching of nerve trunks, by alteration of their anatomic course into a shorter bed, and by the operation of stretching in two stages, that grafting will always be, and should always be a last resort. He has yet to see any cases in which it has been a success.

Sargent is somewhat skeptical as to how end-results following nerve surgery should be estimated as improvement continues to be noted three or more years after operation. Late results is the term he prefers. The method of determining these results are discussed. [J. A. M. A.]

Neel, A. V. INJURY OF BRACHIAL PLEXUS FROM VERTEBRA. [Hospital-stidende, September 22, 1920.]

Five cases are here reported upon with slow progressing atrophy of the muscles of hand and forearm and neuralgic pains in the arm and a tender bony prominence in the supraclavicular fossa. In one of the cases the disturbances developed after a joint disease elsewhere. Instead of the expected cervical ribs, however, the röntgen ray revealed an abnormally large transverse process in the seventh cervical vertebra. This pressed on nerves and thus injured the brachial plexus. The patients were all women between 32 and 51, and operative treatment was advised for the younger woman. Some of the patients were under observation for a year or two, so that other causes for the disturbances could be excluded.

Nathan. EXOSTOSES FOLLOWING NERVE WOUNDS. [Ann. de Méd., No. 2, 1920. B. M. J.]

The case of a 24 year old soldier is here reported who, wounded by a revolver bullet in the left calf, subsequently developed neuritis of the left external popliteal nerve, and especially of its musculo-cutaneous branch. A sessile exostosis, the size of a small hazel nut on the antero-external surface of the head of the first metatarsal, and a similar exostosis on the antero-internal aspect of the head of the fifth metatarsal was revealed by an x ray examination. Trophic change similar to the hyperostosis met with in syringomyelia is the given interpretation.

Jalifier. NERVE GRAFTS. [Lyon Chirurgical, May-June, 1920.]

Nageotte's method of heterografts was applied and here reported upon by the author in seventeen cases of old injury of nerves. The best results were obtained with the ulnar nerve. Failures with the sciatic, median and in one the ulnar are reported. The interval since has been less than a year but regeneration is certain in three cases and probable in four others. The nerves grafted were from calf embryos.