of pain but responsible for phantom limbs, might result if a new ill-protected nerve fibre came in contact with a focus of repair. Reference was made to such a man who had a well marked focus of repair on the internal saphenous nerve in his Hunter's canal. When this was removed he recovered slowly. Be this as it may, the clinical fact remains unaltered that operation often fails to relieve such pains immediately. Such is to be expected. The very operation itself will lead to repairs in nerves amongst other structures, and the patient will have stored up memories of past operations, pains, and phantoms. With such a combination any hope of immediate cure is futile, but operation often causes some alteration, as in the phantom which has become immovable, then there is hope. The branching and anastomoses of the new nerves must lead to many complicated stimuli arriving at the brain for interpretation. This must lead to frequent variations in the quality and quantity of the sensations and symptoms so produced. The very great difficulty which the nerve encountered when trying to progress through actively proliferating scar tissue was shown by the nerve spirals and the button-shaped nerve ends. The latter was an exaggeration of the former, the nerve filament having yet greater difficulty in advancing. This teaches a very practical lesson in nerve suture. The ends of the nerves must be so approximated that little scar tissue can be formed for the nerves to grow through. Apparently the nerves grow easily through muscle, but they make little headway through connective tissue. The scar in the skin gets innervated by the regeneration of the nerves.

2. CRANIAL NERVES.

Malling, B. RHINOGENIC OPTIC NEURITIS. [Norsk. Mag. f. Laeg., Ap., 1918.]

The author presents an extensive review of the literature of this condition and describes a new case in a woman of 40 who after the removal of a nasal polyp developed an acute inflammation in the nose and left ear. Vision became impaired two or three months later and in six months there was a beginning of optic atrophy. After the use of potassium iodid, vision improved, but it remained 6/18 in the right and 6/60 in the left eye. The ethmoidal cells then were found diseased and were cleared out. Vision improved in a few days. The scotoma disappeared. The pathologic finding was a chronic ethmoidal sinusitis.

Menninger, K. ARGYLL-ROBERTSON PUPILS AND ALCOHOL. [Am. J. Syph., April, 1919.]

Argyll-Robertson pupils are most frequently a syphilitic symptom, but not always, and the author here reports a case of acute alcoholic pseudoparesis, with this phenomenon. There was also a speech defect, a paretic facial expression, tremor of the tongue and hands, irregular and unequal knee and ankle reflexes, and defective memory.