Niessl v. Mayendorf, Erwin. TOUCH-BLINDNESS AFTER A GUNSHOT WOUND IN THE POSTERIOR ROOT. [*Ztschr. f. d. ges. Neurol. u. Psychiat.*, Vol. XXXIX, p. 282.]

A gunshot wound in the left half of the neck on the posterior border of the sterno-cleido-mastoid muscle at first produced signs of bleeding in the spinal cord or of compression due to strained or dislocated vertebrae. The permanent symptoms were a very perceptible ataxia of the right hand and loss of power to recognize objects which were placed in this hand, although the length, form, and temperature could be rightly given (touch-blindness). A further symptom was disturbance of recognition of position by the right hand. This astereognosis is to be referred to an injury of the posterior root. The case shows that the peripheral agnosia differs in no respect from one conditioned cortically, and that agnosia need not necessarily be a central associative disturbance from a cortex lesion and loss of perceptions, but that deficiencies in the tactile periphery or the paths of the same resulting in impairment of the finer sense of place localized in the skin are sufficient to interfere with the normal function of touch, even though all the other sensory qualities are relatively well preserved. It was shown besides that the arrangement of the peripheral organs receiving the impressions of sense must have an exact duplication in the grouping of the nerve elements of the brain cortex which receives the fibers coming from the periphery. The interruption of the posterior root in the author's case had prevented the awakening of the touch impressions. The touch image, which attains to consciousness in the cerebrum, must take its way unchanged through the posterior roots to the cortex, and disturbances of the sense of place in the peripheral tactile surface is of itself sufficient to destroy tactile recognition. [J.]

Gottfried, G. NERVE CELL SWELLINGS AND ACCOMPANYING PHENOMENA. [*Ztschr. f. d. ges. Neurol. u. Psychiat.*, 1919, Vol. LXVI, p. 111.]

Though the fact that nerves swell is not a new discovery in histology, yet the various accompanying phenomena, conditioned by the different manner in which the swelling is produced and the different constructions of the elements affected, is both new and interesting. Schaeffer described two forms of nerve swellings, the endogenous and the exogenous. Chromolysis is common to both types, but is manifested differently. In the endogenous form the chromolysis begins with a pulverization of the peripheral layers, while the perinuclear layers at first remain intact, the nucleus retaining its central place; it does not swell and even seems to grow smaller. In the exogenous type, on the other hand, the swelling and chromolysis begin at the nucleus; the nucleus is displaced and is often lodged in the periphery. The following explanation is given for the two forms of swelling: Where there is exogenous traumatic swelling the irritation due to the lesion attacks one point of the cell, *i.e.*, the original extension of the axon which reached into the inner part; in endoge-

nous hereditary disease the nerve cell would be affected from all sides, and therefore the peripheral Nissl layers would be first attacked. Experience confirms the assertion of Schaeffer concerning the nerve swelling of external origin, and Stuurman only has observed peripheral chromolysis after eradication of a nerve, namely, in the vagus nucleus. As control of Stuurman's observation, Gottfried undertook the resection of the hypoglossus of a guinea pig, but this experiment resulted in a central chromolysis with relative preservation of the peripheral layers, corresponding with the facts observed by others. The exogenous traumatic type of nerve swelling may arise from causes of various nature, division, eradication, hemorrhage, pressure, etc.; but in all the resulting forms the author found one factor constant—the injury of the neuron as an entity. The end results are in proportion to the intensity of the injury, and there may be recovery or total destruction of the swollen nerve cell. It must not be lost sight of that the characteristics of the exogenous injuries are established by experimental proof, but that for the endogenous injuries there is as yet nothing more than a theoretical foundation. [J.]

Sabrazès, J. A CASE OF BILATERAL MERALGIA PARAESTHETICA. [Gaz. Hebd. Sci. Med. de Bordeaux, 1919, XL, July 6, p. 152.]

Meralgia paraesthetica is almost always unilateral, but a case of obstinate bilateral meralgia is recorded briefly by Sabrazès. It occurred as a sequel of a very difficult labor in a woman whose thighs had been kept for a prolonged period in a position of abduction and semi-flexion on the pelvis. This posture produced stretching of the cutaneous nerves of the femoral region, and so set up the bilateral meralgia paraesthetica. [Leonard J. Kidd.]