our communication arouses interest in the application of the key or order principle to the diagnosis of nervous diseases. [Author's abstract.]

Adamkiewicz. CONCERNING THE PERICELLULAR GOLGI'S NETWORK IN THE CENTRAL NERVOUS SYSTEM. [Zeitschr. f. d. ges. Neur. u. Psych., Sept. 20, 1919, No. 4-5, Vol. 51.]

The most interesting point for histological research in the central nervous system has long been concerning the connection existing between the various nerve elements (nerve fibers and cells). By means of the molybdenum staining method proposed by Berthe the author was able to bring out the pericellular network of Golgi and the intercellular net formations in a most distinct manner. In the same section the Golgi network and the minute fibers could be traced very clearly, which is not usually possible, as most stains are imperfect in this respect. Transitions of the axis cylinder endings to the network of Golgi could not be discerned and there seemed to be no connection between the fibrils and the network. There was, on the other hand, a very close connection between the pericellular network of Golgi and the intercellular network, that is the interstitial network of Berthe. The mesnes of both these formations fade into each other. The intercellular network, in turn, is closely connected with the glia cells, the vessels, and the medullary sheaths of the nerve fibers, forming about them constriction rings which, to a certain extent, resemble the Golgi network. Judging from its manifold relations to other formations, especially to the medullary fibers and glia cells and, further, from the fact that everywhere throughout the entire nervous system it fills out the lacunæ between the separate cells, the author believes that the intercellular network is to be regarded as belonging to the supporting tissue, *i.e.*, to the glia. As the Golgi network is continued without perceptible interruption in the glia reticulum (as Held called the intercellular network), the Golgi network must be regarded as a specially modified form of the glia network.

Mendel, Kurt. ACUTE FEBRILE POLYNEURITIS. Mononeuritis Multiplex Infectiosa. [Neurol. Centralbl., April 16, 1918, No. 8, Vol. 57.]

Holmes and Singer have described cases of this disease to which the author adds one of his own. It was that of a young and healthy soldier who had never had anything to do with poisons. Suddenly in the field he was seized with the following symptoms accompanied by fever: headache, diplopia, pain and weakness resembling paralysis in the legs, arms, and shoulder. Five weeks later the patient manifested weakness of the left facialis, weakness, atrophy, and hypotony of the left arm and shoulder region with the loss of triceps and weakness of infraspinatus reflex, and a very extraordinary condition of the biceps deltoidus and trapezius in the form of a peculiar reaction to electrical stimulus. Besides, there was pain to pressure in the nerve stems of the left arm and leg. The

tactile sense was entirely normal. Thus there was, in the author's case, as in Singer's an arbitrary selection of muscles by the disease, which corresponds to none of the usual types and justifies the name mononeuritis multiplex. As in Holmes' and Singer's cases, the etiological factor of this neuritis must have been an infection, but the nature of the infection could not be determined. As the disease began with fever and general cerebral disturbances, it was evidently the brain nerves that were first affected; afterwards the neuritis became centered in the left shoulder and arm region. The only disease suggested in the differential diagnosis was poliomyelitis anterior, but evidence against this disease was the fact that poliomyelitis in adults is of rare occurrence and that there were no other cases in the environment. Besides in Holmes' case, which resembled the author's, the autopsy revealed peripheral neuritis, and in the anterior cornu only those slight changes which are usually found in peripheral neuritis. In all probability, there were, besides the inflammatory disease in the peripheral nerves, which was the most pronounced feature of the case, also some changes in the anterior cornua and these might have been of either primary or secondary character. In reference to these various findings, Remak, in his treatise on neuritis, states that in certain cases even the post-mortem may leave doubt as to the pathogenesis of the disease, and, the author adds that the clinical diagnosis of such cases is likely to vary according to the individual opinion of the diagnostician. Another disease having resemblance to the author's case is Landry's paralysis in which both peripheral neuritic and poliomyelitis changes have been observed.

Wexberg, Erwin. DISEASES OF THE PERIPHERAL NERVES IN THE WAR. [Zeitschr. f. d. ges. Neur. u. Psych., July 11, 1919, Vol. 49, p. 14.]

The author had opportunity, in military hospitals during the war, to observe a larger number of cases of neuritis and polyneuritis than would ever have been possible in civil life. Such experiences enrich the knowledge of non-traumatic diseases of the peripheral nerves principally in the direction of the etiology. The great frequency of polyneuritis of ideopathic type was particularly striking. Polyneuritis as result of cold was characterized by two peculiarities—acute onset and absence of ataxic and paretic symptoms. Ataxic forms of polyneuritis seemed to be the result mostly of infectious and toxic causes, among which, in the material coming from the war, alcohol plays a very insignificant etiological rôle. Among the cases of polyneuritis of toxic character were two cases of lead poisoning of unknown origin. This fact gave rise to the suspicion that in many other cases which seemed to be ideopathic, there might have been a specific toxic etiology, even where there was no evidence of intoxication in the anamnesis. The characteristics by which toxic polyneuritis may be recognized, especially that due to lead or arsenic poison, are the subacute development and the insidious course.