

grams—a difference of 33 per cent. When the nerve is united again motility comes earlier than the electrical reaction. In several of the experiments the difference seemed to be considerable, as the animals could use the operated limb as well as the other limb long before electrical reaction was observed. If the muscles have thus resumed their activity, and in consequence of a return of nerve conduction, one may suppose that this also may be shown by changes in the microscopical appearance of the muscles or in the cessation of atrophy or by increasing weight. To examine these circumstances, the third series of experiments was made in the following way: The peroneal nerve was divided on both sides. On the one side one of the ends was pulled out through the slit in the fascia and fixed subcutaneously, while the slit for the rest was closed with catgut. In this way the nerve was prevented from uniting. On the other side the divided nerve was permitted to unite. The animals were killed after some days' interval, and both the united nerve and the central and peripheral ends of the non-united nerve were hardened for microscopical examination. The muscles supplied by the peroneal nerve were carefully dissected out as similarly as possible on both sides and were then immediately weighed. A piece of the muscles was cut out from corresponding places of the muscles on both sides and hardened in formalin for microscopical examination.

JELLIFFE.

MESSAGE IN LOCOMOTOR ATAXIA. Dr. de Frumerie (*Le Progrès Médical*, Feb. 28, 1903).

In every manual treatment it is necessary first to determine whether the effect desired is stimulation or sedation. In tabes the author confines his massage to sedative measures, avoiding any brusque or energetic movements which so often lead to hyperesthesia. The suitable types of manipulation for this disease are superficial or deep effleurage, vibratory motion of the abdominal viscera, and prolonged compression, the last sometimes overcoming the lightning pains when energetic measures have had no effect. For paralysis of the bladder the organ should be emptied of its infected urine and one-third filled with boric acid solution; then the curved fingers are pressed down behind the pubes and gentle tremulous motion set up. The perineal region may be subjected to effleurage and continuous pressure. When there are contractures, one must avoid the contracted muscles, the flexors, and by every means possible try to strengthen their antagonists, the extensors. The flexors then should be slowly and cautiously stretched by passive motion. Where there are no special contractures, a general stretching or extension may be brought about as follows: The patient lies on a bed and places the feet against the chest of the operator; then, without bending his knees, he is seized by the hands and pulled forward, the operator at the same time giving him a tremulous movement. This affects the spinal cord, the sciatics, the ligamentous and muscular tissues of the back, and the brachial plexus, without fear of injury to the femoral neck, which is so fragile in certain tabetics.

BASTEDO.

MYASTHENIA GRAVIS. Charles S. Myers (*Journal of Pathology and Bacteriology*, Sept., 1902).

Three signs may be described as pathognomonic of myasthenia gravis. They are (1) ready fatigue of certain or general voluntary movements either to a succession of tetanizing currents applied to the nerve or to volitional impulses descending from the brain. (2) The exacerbations and remissions shown in the course of the disease, and (3) the tendency to a fatal implication of the muscles innervated by the bulb. To these must be added other very important general signs mainly of a negative character. (4) There is no reaction of degeneration; the muscles react to a faradic current of normal intensity, or more often require one somewhat stronger