

liver-colored disc. This disc is the center of a zone of grayish-white, which extends for at least two discs diameters horizontally, and somewhat less vertically in every direction from the center, and gradually fades away into the normal red-orange of the eyeground. This livid disc is as clear-cut as a coin—not irregular in outline, as is the case in acute inflammatory conditions where the surrounding retina is infiltrated; nor is it either cherry-red or carmine, as in those other instances, but is distinctly brownish. Instead of coinciding with the fovea in area, as is stated above, it is larger. That is to say, instead of marking the area which is occupied by the cones alone it marks that which is devoid of the ganglion cells.

Another highly distinguishing feature is observed in the character of the whitish zone surrounding the center. This is nebulous rather than cloudy. It is nearly white at the circumference of the liver-colored disc, thence gradually thins away to nothing, but is translucent and shows *some* color throughout. Far from obscuring the retinal vessels which enter it, it only serves to make them more distinct by contrast, so that one is able to trace the tiniest of them right up to the central spot.

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- 46 UN CAS D'AMYOTROPHIE PROGRESSIVE D'ORIGINE TRAUMATIQUE (A Case of Progressive Amyotrophy of Traumatic Origin). F. Sano (Journal de Neurologie, 1899, No. 23, p. 441).

Sano reports the case of a man who was severely injured in the back and thorax. About two months and a half after the accident the right lower limb began to waste and sensation in the part became diminished. Reaction of degeneration was not obtained. The wasting of the limb may have been due to neuritis, although the absence of pain on pressure over the nerves, and of vasomotor and trophic disturbances of the skin, and of disturbance of sensation limited to the distribution of certain nerves, made the diagnosis of progressive atrophy of spinal origin seem more probable. A few cases of spinal atrophy resulting from trauma have been reported. SPILLER.

- 47 STÖRUNGEN DER VASOMOTORENTHÄTIGKEIT UND DER SENSIBILITÄT NACH PERIPHERER TRAUMATISCHER FACIALISLÄHMUNG (Disturbance of the Vasomotor Functions and of Sensation Following Peripheral Traumatic Facial Paralysis). Carl Biehl (Wiener klin. Wochenschrift, 13, 1900, p. 131).

Biehl reports a case in which the left facial nerve was injured by a stab-wound in front of the left ear. The sensation in the distribution of this nerve was much impaired, and perspiration over the left cheek and reddening of this cheek occurred when the patient ate. As the fifth nerve was not injured, Biehl thinks the case proves that the facial nerve contains vasomotor and sensory fibers. SPILLER.