

IV. Pseudo-Hypertrophy of Muscles after Long-Continued Œdema of the Limb from Thrombosis of Veins. By JONATHAN HUTCHINSON (London). The author refers to three cases where after phlebotic plugging of one or more veins of the lower extremity, there has followed pseudo-hypertrophy of the muscles of the corresponding limb without any other change, no loss of natural contour, no œdema, but simply overgrowth restricted to the muscles. When there is any paresis, it is in the overgrown limb that it is first noticed. In two of the cases there was a difference of $\frac{3}{4}$ in. and $\frac{1}{2}$ in. respectively in the size of the two calves, the enlargement being on the side where the phlebitis had been present. The third case was complicated by some signs of lymphatic obstruction as well as the muscular hypertrophy.—*Illustr. Med. News*, Dec. 1888.

J. ANDERSON SMITH (LONDON).

NERVOUS AND VASCULAR SYSTEMS.

I. Clinical Contributions to Nerve Surgery. By Prof. ALBRECHT (Zurich). The results of physiological studies, as well as clinical observations are considered in discussing the question of restoration of function of divided nerves following suture and primary union. The conclusion is reached that this restoration is impossible, and bases this conclusion upon the following: The rapid degeneration toward the periphery of the nerve elements is an insuperable barrier to primary union of a divided nerve fibre which shall include conducting power. Restoration to functional activity depends upon a regeneration of the nerve elements from the fibres of the central end, which finally reach along the track of the old nerve, to find their termination in skin or muscle. This manner of restitution occurs also when strict union of the nerve elements cannot be said to have occurred.

Union by suture and immediate restoration of function by this means is a fallacy. In cases where this is believed to have taken place, anastomosing nerves have taken upon themselves the function of the injured nerve. Atrophy of muscular structures and diminished electric excitability occur even after suturing. It is admitted that, in exceptional cases, restoration to function may occur in from 3 to 4 weeks,