The exact cause of this formication it is difficult to state, but since it can be produced by a far lighter pressure than formication in an uninjured nerve, it probably is due to an increased sensitiveness of the young axis cylinders. It is best, however, not to rely upon the formication sign alone. The test should be carefully correlated with the other investigations of the nerve lesion, such as protopathic and epicritic sensibility, regenerating pain points, and electrical reactions.

Burke, H. M. THE TREATMENT OF INJURIES OF PERIPHERAL NERVES. [Arch. Radiol. and Electro-Therapy, July, 1918.]

Burke sets out to prove that some form of electrical treatment is absolutely necessary in nerve injuries. He states that the attitude of those who do not believe in electrical treatment is due to ignorance of the possibilities of the various forms of electricity, to custom and fashion in treatment and to the fact that electro-therapeutists have been too modest. The author briefly describes the clinical and pathological changes which occur in the injured nerve and in the muscles and other structures supplied by the nerve. As regards treatment the obvious aim is to keep up nutrition. For this purpose massage is useful but is insufficient. Electro-therapeutists have observed improvement by using electrical treatment in addition. Warmth is beneficial whether produced by extra covering or such agents as whirlpool baths. A better result is obtained by diathermy and galvanism, while the sinusoidal and faradic currents have nutritive effects. In a severe stage of paralysis the actual contraction of the paralyzed muscle is not advocated but can be employed later when recovery is proceeding and voluntary power is expected to return. Even in the absence of electrical response, rhythmic galvanic or sinusoidal currents are said to produce good effects. The methods most favored by the author for the production of contractions are Bristow's with the faradic current and Cumberbatch's with the galvanic and water resistance. As regards posture of paralyzed muscles, the author does not believe in rigidly maintaining the position of rest, but gives joints their full range of passive movements. Splints with springs to recover the position of rest are to be preferred to rigid splints. In the treatment of injury of the actual nerve the galvanic current can be used without fear of doing harm. The electrolytic action helps nature to remove offending particles. Massage at the site of lesion in the early stages is inadvisable, but diathermy may be used. In nerve compression galvanism, heat, massage and X-rays are considered useful. In complete division the passage of an electric current seems to stimulate regeneration. The control of the treatment of nerve injury should be under physiotherapists.