10 per cent aqueous gelatin solution, 5 c.c.; warm glycerol, 5 c.c.; warm 1.5 per cent agar suspension, 5 c.c.; 5 per cent aqueous hydroquinone solution, 2 c.c. In preparing the reducing mixture the agar suspension is added after mixing the silver nitrate, gelatin, and glycerol, and the hydroquinone stirred in just before using. (7) After the solution is reduced, and the smears have turned a light brown, remove and rinse in 5 per cent sodium thiosulphate solution. (8) Rinse in distilled water. (9) Absolute alcohol, xylol, balsam.

R. M. S.

VEGETATIVE NEUROLOGY AND ENDOCRINOLOGY.


This is a short and interesting paper, accompanied by a good bibliography. The author brings together briefly the evidence in favour of the theory that scleroderma is of nervous origin, and that the particular part of the nervous system involved is the sympathetic. She says that the first suggestion that sclerodermal changes might be due to nervous disturbance arose from their limitation in occasional cases to the area supplied by a particular peripheral nerve, and she refers to thirty such cases. Many cases of the limitation of the changes to the distribution of a particular spinal root or segment, she states, are on record. Cases in which the distribution is symmetrical, and the rare cases in which the whole of one side of the body is affected, support the theory. Furthermore, scleroderma has sometimes been found in association with undoubted nervous diseases—e.g., herpes zoster, myelitis, syringomyelia—a rather slender argument in favour of its nervous origin.

From the facts that sensory changes are not present in scleroderma, and that section of a peripheral nerve does not cause scleroderma, the author argues that the changes must be produced as a result of irritation of nervous elements rather than of their destruction.

The arguments in favour of the sympathetic being the part of the nervous system involved are many and various: the absence of motor or sensory disturbances; the association, in reported cases, of abnormal pigmentation, of changes in the nails and bones, and of vasomotor and secretory disturbances, are mentioned; but most important is the consideration of the tissues involved in the changes, viz., skin, fat, interstitial tissue, bones, joints, over all of which, the author has reason to believe; the sympathetic exerts a trophic influence.

J. P. Martin.

SENSORIMOTOR NEUROLOGY.


Among 25 cases of encephalitis epidemica, Sarbo had 7 in which the onset was purely lethargic, 6 lethargic with psychic disturbances, and 4 lethargic