

C. K. RUSSEL, M.D.—These are extremely interesting cases, but how such improvement in vision occurred is hard to understand. In peripheral nerve paralysis it is very doubtful if the galvanic current acts on the nerve itself. It is much more likely that it acts only on the muscles, keeping them in good condition until the nerve regenerates. Here in the optic nerve we are not dealing with a peripheral nerve, but with a prolongation of the brain substance and we know that regeneration of brain substance, once destroyed, does not occur. Unless the actual acuity of vision was recorded both before and after treatment these cases are of little value. In any case one must allow for that functional element which is so often associated with chronic nervous disorders and which would allow a certain improvement under treatment.

GEO. FISK, M.D.—I should like to learn a little more of the details of the technique in giving the electricity. This report has been of much interest to me; I am a great believer in electricity and feel that we will learn more about it by being optimistic and persevering in the treatment of obstinate cases.

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W. Gilman Thompson records a series of experiments to ascertain whether the local application of heat by poultices and cold by ice bags has any appreciable effect on the deep internal temperature of the body. He concludes that the topical application of thermotherapy is of little value in controlling deep-seated visceral hæmorrhages, congestions or inflammations. The ordinary means of applying heat and cold do not affect the temperature of structures lying beneath the skin to any appreciable extent, so long as the peripheral circulation remains active. But thermotherapy applied to the peripheral structures of the body is of very great value, especially when applied with pressure, as in alternating hot and cold douches. The combination with mechanical shock is of great value in stimulation of peripheral nerves.—*Medical Record*, April 13, 1907.