

The method presupposes the necessity of oxygenating the large quantities of carbon in the blood produced by the microscopic vegetable organisms which are formed and then decompose in the blood. For this purpose, the oxygenation of the inspired air and the frequent use of baths and injections of permanganate of potash, so as to admit of the absorption by the skin and rectum of oxygen, which is so readily yielded by this substance. It is also recommended the food should be salicylated.

This treatment of Dr. Rosada does not fulfil the conditions required to obtain the prize offered by the Mexican government, since it is directed towards the effect and not the cause of the disease. It seems, however, to deserve serious attention.—*Journ. de Méd. de Paris*, April, 1882.

Symptoms of Trichinosis in Man.

Prof. GERMAIN SÉE describes four forms in which this disease may occur in man: the gastro-intestinal, rheumatoid, œdematous, and typhoid. The gastro-intestinal form is characterized by diarrhœa and vomiting, and, although the symptoms might indicate cholera, the absence of the peculiar rice-water discharges, and, above all, the presence of profuse sweating and great muscular prostration, serve to prevent the diseases being confounded.

In the rheumatoid form, great muscular pain and feebleness are the characteristic symptoms; in later stages other symptoms may arise from the invasion of the muscles of the larynx and chest by the parasite.

The œdematous form is more characteristic. A unilateral œdema of the face, with great prostration, gastro-intestinal trouble, and rheumatic pains, and without albuminuria or heart disease, is almost pathognomonic.

The typhoid form closely resembles typhoid fever, from which it is principally distinguished by the profuse sweats, œdema of the face, and rapid fall of the fever. Nervous symptoms, such as numbness, tingling in the limbs, are generally slightly marked.—*Journ. de Méd. de Paris*, Feb. 25, 1882.

A New Tract of Spinal Degeneration.

Dr. HADDEN, at the meeting of the Pathological Society of London, held April 4th, showed microscopical specimens, taken from a small fragment of the upper cervical region of the cord, which was given to him by Professor Greenfield. The specimen, which had been lying by in spirit for nearly two years at the Brown Institution, was said to have been taken from a patient suffering from locomotor ataxy. Unfortunately he had been unable to get the clinical history of the case. The value of the observation was, therefore, purely pathological. In front of each crossed pyramidal tract—in that part of the cord known as the anterior root-zone, or Flechsig's fundamental region of the lateral columns—is a symmetrical area of degeneration. No other change, either in the gray or white matter, is visible. Although the case was supposed to be one of locomotor ataxy, the posterior columns are quite intact. The degeneration does not appear to be due to overgrowth of the neuroglia, but is apparently granular. Under a moderately high power there are seen at the boundaries of the degenerative area swollen axis-cylinders, together with amyloid bodies. The latter are probably artificial, and depend on the way in which the specimen has been preserved. The morbid area itself seems to consist of a confused mass of granular *débris*. The bloodvessels are thickened, and in some parts contain numerous blood cells. As to the significance of this degeneration, little can be said in the absence of the clinical history. It is almost certain, however, that it is not secondary to a cerebral lesion, for in that case we should expect a unilateral and not a double spinal