

the bromides, which only postpone the attacks for some half-year. Commencing in his trials of the remedy with doses of a milligramme, and working upwards, he soon found that even large doses could be borne, he remaining with his patients after these were administered in order to observe their effects. The doses to which he did attain would excite surprise. Thus to three grammes of water he added five decigrammes of strychnia, using this for eight injections. The early symptoms of narcosis, such as a little giddiness, and a misty veil before the eyes, passed away in three-quarters of an hour. He soon diminished the above quantity, adding only three decigrammes to five grammes of water and a drop or two of hydrochloric acid, and dividing into eight injections. No symptoms of poisoning were induced in the cases treated; but it is with this remedy as with strychnia, which exerts no influence if noises in the ear are not produced—so here no effect is produced unless there is a veiling of the vision. An important point to note is, that the cases may be divided into two classes as regards this treatment. First, there are those in which there have been only one or two attacks, or in children, in which a single injection may suffice; but, as a rule, a second attack follows in three or four weeks, and then we should observe what time has passed between the injection and the new attack, taking care to make the new injection before the same period of time has again elapsed.—*Med. Times and Gazette*, Nov. 2, 1878.

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*Case of Abscess of the Brain following Otorrhœa.*

In the *Sperimentale* of 1878, Fas. 4, Dr. D. BARDUZZI gives a case of otorrhœa followed by abscess of the brain. It occurred in a boy nine years old, who had been abandoned by his parents and wandered about in great misery. All the history which could be learned was that, three years before, he had received a severe blow on the ear, which had been followed by the issue of purulent matter, and that a few days before the child had been seized with strong fever, vomiting, and delirium. On admission to the hospital he presented the symptoms of typhoid fever of the cerebral type, intense pain, dry skin, temperature from 39° to 41° C., coma, meteorism of the abdomen, muscular contractions, subsultus tendinum, contracted pupil, dulness of intellect, and slow and confused answers. There was very scanty secretion of sero-purulent matter from the right ear; but the importance of this as a clue to the diagnosis was overlooked. The boy died forty-eight hours after admission, and it was only on a *post-mortem* examination that the nature of the case was cleared up. There was found a diffused congestion of the meninges, and a limited abscess in the posterior lobe of the right side of the brain a little larger than a pigeon's egg. The white substance surrounding the abscess was somewhat softened. There was perforation and thickening of the membrana tympani, caries of the upper wall of the auditory canal, and traces of inflammation in the lateral sinus.

Where suppuration is known to exist in the internal ear, Dr. Barduzzi recommends the employment of drainage, either continuous or repeated, thrice a day, and the use of injections of salicylic acid and chloral.—*Brain*, Oct. 1878.

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*Sclerosis of the Spinal Cord, and the Results of Myelitis.*

E. LEYDEN gives, in the *Charité Annalen* for 1878, the results of some experiments on the artificial production of sclerosis of the spinal cord with the view of determining, as far as possible, whether it is to be regarded as a special form of chronic myelitis, and what are its relations to acute myelitis. By injecting a few drops of Fowler's solution into the spinal cord of dogs, he was able to excite violent inflammation. One of the animals operated on survived fourteen months;