the infra-orbitary nerve, and connected one with each end of a voltaic pile of twelve pairs of six-inch plates. Each time the electric circle was established, the patient felt a painful commotion in the course of the nerves and in the bottom of the orbit, while at the same time the pupil contracted, and the light became more distinct. This treatment being continued fifteen days, the pupil returned to its original dimensions, and the amaurotic state of the eye was evidently diminished; but Magendie was unable to observe the future progress of the case, as the patient left Paris. Since then he has applied the same treatment to several cases of incomplete amaurosis, and with almost uniform advantage. In one instance of amaurosis of the external half of the retina, accompanied with palsy of the upper eye-lid, and *rectus internus* and *superior* muscles of the eye, a complete cure was effected in three months. He has not hitherto had an opportunity of trying a case of perfect amaurosis. Meanwhile he assures us, that the pricking of the nerves is never followed by the slightest inconvenience, which can form an objection to the experiment; and, therefore, it is highly expedient that this new remedy for so obstinate and unfortunate a malady be subjected to immediate trial by others.—*Id.*

V. *On the cause of the Yellow Colour of the Skin and Fluids in the Icterus of new-born children.* By M. LASSAIGNE. (*Journal de Chimie Medicale*, Juin 1826.)

M. LASSAIGNE has very properly remarked, that the opinion entertained of the cause of the colour of the skin in the icterus of new-born children is founded rather on analogy than experiment. Having resolved to subject it to the test of experiment, he proceeded to analyze the subcutaneous cellular tissue, and the various fluids which are tinged in this disease, with the view of detecting in them the principles of the bile. He has in consequence discovered that the colour is caused by a yellow matter which possesses some, but not all of the properties of the colouring matter of the bile. It resembles the yellow matter of the bile in forming a green solution with the caustic alkalis, in being precipitated dark green from that solution by the acids, and in being turned to greenish, then to blue, and finally to violet, by nitric acid; but it differs in being soluble in alcohol. These points of resemblance he considers to be insufficient for warranting the conclusion that

they are the same matter; and as he was never able to detect any of the other principles of the bile either in the subcutaneous cellular tissue, or in the yellow serum extravasated into the cavities, or in the blood, he infers that the cause of the colour is not absorption of the bile.—*Ib.*

VI. *On Spontaneous Erosion of the Stomach, its symptoms and treatment.* By Dr PITSCHAFT of Carlsruhe. (*Rust's Magazin für die gesammte Heilkunde.* 2 Heft 1826.)

THAT species of erosion of the stomach which Mr John Hunter ascribed to the action of the gastric juice after death, and which the Parisian pathologists believe to be the results of a vital morbid process, has been lately described with minuteness by various physicians as occurring in infants. Among the authors who have written on the subject may be mentioned Jaeger of Stuttgart, Cruveilhier of Paris, and Dr Gairdner of this city. Dr Pitschaft has endeavoured to supply a great deficiency in our present knowledge of the disease, by describing the symptoms through means of which it may be recognised during life. It occurs, he says, only among the children of unhealthy mothers, or those who are too soon and too much fed without milk, and whose mind is precociously developed. The first symptoms are paleness of the countenance, coldness of the skin, with occasional flushes of heat, dulness, and flaccidity of the muscles. Loss of appetite succeeds, with excessive thirst, dry shrivelled lips, and dry cracked tongue. At the same time the child vomits all his food, and the alvine discharges become frequent, loose, and consisting of half-digested aliment and slimy matter, like bookbinder's paste with shreds of spinage in it. He is constantly in a state of lethargy, from which, however, he is roused by the slightest touch; and his senses remain active to the last. The countenance, when the disease is fully formed, expresses pain, but not acutely, the mouth has a sorrowful appearance, the look is languishing, the eye half open, the pupil turned upwards during sleep, and the whole physiognomy oldish. He whines frequently, and is so very fretful that if any one looks at him steadily even from a distance he cries and shifts his posture. The pulse is at first slow and intermitting, and does not become quick till near the close; frequently there is a slight cough, and an erysipelatous inflammation of the eye-lids; the respiration is not