were wholly or partially relieved. Then the practice has varied, the acid being omitted altogether or reduced to ten grains every two or three hours for a time, to be again reduced and finally omitted in from ten days upward. Usually no opiates were given and no attention was paid to the condition of the bowels. The acid was first taken in wafers, but it occasionally happened that an awkward patient would break one in his mouth and release the pungent acid, producing very unpleasant sensations and perhaps a refusal to take any more. A substitute was found, in the service of Dr. Blake, in pills made with honey or molasses, containing $3\frac{1}{2}$ grains each, about the [size of a compound cathartic pill. They have been much more satisfactory and have been almost exclusively used since. The various solvents, soda and ammonia salts, glycerine, etc., have been but little used.

The number of cases treated with salicine is too small to base any definite conclusion upon as regards its value when compared with salicylic acid or any other method of treatment. It certainly acts more slowly than the acid. It has been used in six cases during part of the treatment and in three during the whole. The dose varied from five to fifteen grains per hour, and was taken with no bad effect; in fact, those who took it throughout had excellent appetites and made a rapid and thorough convalescence, instead of being left in a generally poor condition with no appetite, as was too often the case with those treated with salicylic acid. Of the six cases who did not take salicine continuously until recovery, four were relieved, and two were not relieved after taking it from two to four days. The three cases who took it throughout were acute, of moderate severity. The heart was normal in all. The average time to relief was $2\frac{1}{2}$ days; to complete relief, $6\frac{1}{2}$ days; the average amount taken was $346\frac{2}{3}$ grains, ten grains every hour. The average time in hospital was $13\frac{1}{2}$ days. There was relapse in one case. Because of its better general effect on the patient, salicine seems to merit a more extended trial.

CASE OF CEREBRAL SOFTENING.

BY A. W. BACHELER, M. D., MIDNAPORE, INDIA.

JOGA SANTAL, a prisoner sentenced for a term of ten years, for robbery, seven years of which had expired, was admitted into the jail hospital at Midnapore, April 2, 1876, for general debility. I copy a few entries from the bedside record.

"April 29th, had fever. Appetite bad.

"April 30th. Had a slight fit.

"May 5th. Unable to walk. Had four fits.

"May 12th. To this date fever, with three or four fits daily. At this time complained of pain in the neck and lower portion of head.

"May 16th. Pain in neck continues, but no fits since last date.

"May 30th. Partial paralysis of nerves of motion in left leg and arm.

"June 12th. Pain in head and neck and paralysis much the same."

I saw this patient frequently during the three months of his illness, and made repeated and careful examinations. When lying on his cot he appeared in comparative health, and complained of little or no pain. On being raised on to his feet he would begin to tremble, and after a few seconds would become insensible. Usually, however, if placed immediately on his cot, the disturbance passed off in a few minutes. He gradually grew weaker, became somewhat emaciated, but with no important change of symptoms, and died August 23d. I learned after his death that during the last two days of his life there had been slight paralysis of the nerves of sensation in the left leg and arm. Disease of the cerebellum was diagnosed, and the treatment adopted was a seton to the neck, the galvanic battery, iodide and bromide of potassium, strychnine, and general tonics. The case was one of unusual interest on account of the obscurity of the symptoms.

Autopsy. — A strong, muscular man of about thirty years of age. The base of each lung was thickly studded with tuberculous deposits. Ulceration progressing. Cavities throughout these portions varying from one eighth of an inch to an inch in diameter; at least twenty or more. By estimate, thirty-two ounces of bloody matter were found in the thoracic cavity. On opening the head about sixteen ounces of serum were found in the cavity of the brain. External appearance of brain normal. Cerebellum softened throughout. At its central base, just beneath the medulla oblongata, but not involving it, was found a hard lump of the size of a small hen's-egg, which when laid open showed a consolidation of brain substance of cheese-like consistence and of a yellowish color. Medulla oblongata softened. Spinal marrow for three inches completely disorganized, only a few shreds remaining, the softer portions having oozed out during dissection; thence for twelve inches softened, and the remaining portion congested.

The interesting features of this case are: (1.) That such extensive disease of the lungs could exist with the absence of all the ordinary symptoms of phthisis. No pain in the chest had ever been complained of, and no unusual expectoration or cough had been noticed.

(2.) That such extensive disorganization of the cerebellum and spinal marrow should have caused so slight paralysis of the motor nerves, and, until near the last, no perceptible paralysis of the nerves of sensation.

(3.) As the entire cerebellum was involved in the disease, why was the paralysis on one side only?

It is but just to state that the patient was a common coolie, a well-developed gorilla, with a nervous system not at all delicate.

MIDNAPORE, December 1, 1876.