

his "habit to order from the third to one-half of a grain of the solid extract of belladonna, made into as small a pill as possible—this sized pill to be taken every four hours; to be continued till the toxical effects of the medicine manifest themselves, or till relief comes, which latter is generally the case long before the former are manifested."

Amputation at the Knee-Joint.—Dr. Jos. F. MONTGOMERY, of Sacramento, records (*Pacific Med. and Surg. Journ.*, Oct. 1870) a case in which he performed this operation in March, 1864. The resulting stump, he states, "is smooth and well covered with original or natural integument, as the edges of the cuts finally united closely and firmly, and it bears pressure well. The patient wears a plain wooden leg, with a socket, cushioned with prepared sponge, covered with soft leather, in which the stump fits—the weight of the body being borne upon it without causing abrasion or soreness, and with perfect comfort. A gum-elastic cushion, ingeniously fixed with a spring to the lower end of the leg, prevents any noise or jar in walking; and, with the aid of a cane, the patient walks rapidly and easily in attending to his business. The movements of the thigh are very free in every direction, as in the perfect limb—the muscles and their attachments, save the ligament of the patella, being intact. The patella itself is retracted on the front of the thigh about two and a half inches, where it is as movable laterally as it was in its natural position, the attachment at its lower end being firm and unyielding."

Excision of Os Calcis.—Dr. HUNTER MCGUIRE records (*Medical Times*, Oct. 1, 1870) two cases of caries of the os calcis in which he excised that bone. In both, the tendo Achillis, he says, "formed a new insertion, and acted in raising the heel. Probably it became attached to the dense callous fibrous or osseous tissue which filled up the cavity left after the removal of the bone."

Failure of Vision, from Disease of the Retina, as a Symptom of Bright's Disease.—Dr. JOHN GREEN, of St. Louis, reports (*St. Louis Medical and Surgical Journal*, July, 1870) four cases of Bright's disease, in which the changes in the retina as revealed by the ophthalmoscopic examination first aroused suspicion of renal trouble.

Dr. Green remarks that the one constant symptom of the amblyopia of Bright's disease "is failure of vision, which may be so slight as scarcely to attract notice, or so great as to incapacitate the patient from guiding himself. This may appear at any stage of the disease, and may increase and diminish or even almost entirely disappear after having reached nearly total blindness, while the fatal malady is steadily marching onward to its inevitable termination. It is absolutely painless in all its stages, and is marked by no external sign of inflammation. Occasionally, as in case 4, in an elderly person with otherwise normal eyes it is very liable to be mistaken for incipient cataract, on account of the general similarity of the subjective signs in the two affections. In case 1, the coexistence of serious head symptoms naturally suggested the diagnosis of amaurosis from cerebral disease. Cases 2 and 3 seemed to point to local lesions of the eye, in the one instance to commencing sympathetic ophthalmitis, and in the other to choroidal and retinal changes dependent on the distension of the eyeball incident to progressive myopia.

"The diagnosis of albuminuric retinitis by the ophthalmoscope is usually a matter of great simplicity. The principal source of possible mistake lies in the close resemblance which some cases of this disease bear to infiltration of the disk of the optic nerve and the retina immediately around it, occurring simultaneously in both eyes from obstructed venous circulation dependent on intracranial pressure from effusion, etc. Very recently, too, a case has been most carefully studied and reported by Dr. H. D. Noyes, of New York, in which the ophthalmoscopic appearances were absolutely identical with those which belong to albuminuric retinitis, but in which the disease was unmistakably not Bright's disease but *diabetes*." This case, taken in connection with the microscopical

¹ Transactions of the American Ophthalmological Society, Fifth Annual Meeting, 1868, p. 71.

investigation of the retinal changes in a case of diabetes observed by Treitz and reported by Arlt,¹ leaves scarcely a doubt of the identity of the retinal affection, and goes far, therefore, to confirm the few earlier but somewhat defective reports of retinitis associated with glycosuria.

"The important fact for the general practitioner of medicine, to be deduced from the study of cases like those now reported, is that simple failure of vision, of whatever grade, and especially when it occurs simultaneously or nearly so in the two eyes, may be a symptom of grave renal disease which has not yet revealed itself by other marked signs. The chemical and microscopical examination of the urine becomes, therefore, an imperative duty in this class of cases in which we should, *a priori*, expect least from it."

Syphilis of the Nervous System.—Dr. E. L. KEYES, from a clinical study (*New York Med. Journ.*, Nov. 1870) of 34 cases of syphilis of the nervous system, deduces the following conclusions:—

1. That nervous symptoms depending upon syphilis may arise within the first few weeks after an infecting chancre, or at any period later during the life of the individual.

2. That it is presumable, from the study of published autopsies, that the earlier a nervous symptom (paralytic or otherwise) occurs, the less likely is there to be any material lesion which an autopsy can reveal; and that in a given case there exists no constancy of relation between the nature, the situation, and the severity of the lesion, and the nature, situation, and severity of the nervous symptom to which that lesion may give rise.

3. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms.

4. That syphilitic hemiplegia occurs, as a rule, without loss of consciousness, even when the attack is sudden; but that the paralysis usually comes on gradually, the patient being under forty years of age, and having had fixed constant headache for some time before the attack.

5. That mydriasis, existing alone, or with other nervous symptoms, without positive disease of the eye, is presumptive evidence of syphilis.

6. That paralysis of single muscles, or sets of muscles, are frequently syphilitic.

7. That syphilitic paraplegia generally comes on gradually, often without any local symptom to call the patient's attention to the injured portion of the cord, and that it is rarely complete. That the bladder almost always suffers more or less, and calls for special local treatment. That paraplegia may be developed as a symptom of inherited syphilis.

8. That syphilitic epilepsy usually occurs after thirty, in patients who have not had epilepsy in early life. That headache is liable to precede the attacks. That the convulsions occur often, many in quick succession, the intermission between the series of attacks being comparatively long, but that, during this period, headache or other nervous symptoms exist and become aggravated, contrary to what obtains in idiopathic epilepsy. That syphilitic epilepsy is liable to be associated with, or followed by, some form of paralysis.

9. That aphasia is often associated with the intellectual disturbances caused by syphilis.

10. That loss of memory is a common nervous symptom of syphilis, as are also all forms of mental disturbance—from mild hallucinations and illusions up to actual insanity, and all these without any necessary accompanying paralysis.

11. That inordinate emotional expressions are often associated with the mental weakness caused by syphilis.

12. That care must be taken to distinguish certain symptoms caused by gonorrhea from the same symptoms owing their origin to syphilis.

13. That the prognosis is better as a rule for nervous symptoms caused by syphilis than for the same symptoms depending on a lesion equal in extent, caused by another malady of the nervous centres; but that, after the arrest of the

¹ *Krankheiten des Auges*, Abth. III. p. 117.