

On the seventh day the patient was in full possession of consciousness, yet felt dull and dizzy, and remained in bed.

On the eighth day the exanthema had faded. The patient left the bed and was dismissed on the following day in perfect health.

It was substantiated that the patient had taken the whole contents of two boxes of finely-powdered sulfonal, of 50 grammes each, and that he washed down the largest part with considerable amounts of water. Thereupon he went into the open air and walked about three-quarters of an hour. He could give no account of himself after this time. After about six hours he was found unconscious, was made to vomit, and was brought into the clinic.

An extraordinarily large amount of sulfonal was absorbed, for the patient did not vomit until six hours after its ingestion, and after an unconsciousness of five hours. A part had, without doubt, already passed into the intestine. Furthermore, the patient had no movement of the bowels until the fifth day, and unchanged sulfonal was excreted in the urine.

The favorable outcome is to be explained by the slowness of the process of the absorption in the alimentary canal, caused by the difficult solubility of the sulfonal (according to Kast 1:200 in the gastric juice at the body temperature), and its rapid excretion by the urine. Hence the importance of free diuresis in such cases.

Finally, our case shows that sulfonal does not possess a cumulative action, provided that the secretion of urine continues to be sufficient.—(*Med. Woch.*, May 21, 1891.)

UNILATERAL HYPERIDROSIS OF THE FACE AND ITS RELATION TO PATHOLOGICAL STATES OF THE FACIAL NERVE.

F. Windscheid publishes (*Gazzetta degli Ospitali*, No. 46, 1891) three cases of unilateral hyperidrosis of the face in which he was able to demonstrate pathological states of the facial nerve supplying the corresponding portion of the face. In a fourth case it was found due to irritation of the cervical sympathetic. The history of this latter is as follows:

A young man, twenty-nine years of age, complained of profuse sweating of the right side of his face, while the left did not sweat at all. The space affected extended from the roots of the hair down below the border of the lower

jaw, upon the neck. The skin of the right side of the face was warmer than that of the left ; the pupil of the left eye was dilated. The facial nerve presented nothing abnormal. The patient complained of violent pains in the right side of the forehead, and since a short time his hair has fallen out, more especially on the right side, and after a neuralgic attack. Along the course of the trigeminus there were small points painful to pressure. The histories of the patients with the facial nerve affected were as follows :

A working woman, twenty-five years of age, had suffered five weeks from facial paralysis, following a cold ; at the same time an abundant sweating of the left half of the face without the right side being affected. The entire facial nerve was implicated without taste or hearing being affected. The temperature and color of the skin were equal on both sides, while the left half of the face was covered with large drops of sweat. The left facial responded to both currents, but a greater intensity was required than with the right. The faradic excitability of the facial muscles was almost abolished on the left ; contractions followed sluggishly the galvanic current. The pupils were equal and normal in size. With regular electrical treatment the facial paralysis and hyperidrosis was cured in seven weeks. The second case, a male, was much like the first, except that the opposite side was affected, and there were alterations in taste on the right half of the tongue. It was treated by electricity irregularly without result.

The third case was that of a washer-woman, forty-five years of age, who presented hyperidrosis of the right side of the face. Six years before she had had facial paralysis, from which she, however, recovered, and remained up to six months ago. Since this time the slightest efforts produce profuse sweat of the right half of the face, with the left side remaining normal. Examination revealed the right side of face full of sweat pearls, the affected area extending from the roots of the hair down to the margin of the lower jaw, while in the median line it ended sharply and distinctly ; the skin was redder and warmer on the left than on the right. No trace of perspiration on the left side. The facial nerve functionated well on both sides, presenting, however, small fibrillary contractions of the muscle-fibres of the chin and upper lip on the right half. The electric excitability of the facial was diminished to the two currents, while the direct muscular excitability was equal and normal on both sides. The pupils were equal. The right cervical sympathetic was galvanized, powders of salicylic acid and chalk were used

locally, and atropin given internally without result. As the patient complained of great pain and formication in the right angle of the mouth, the hydrobromate of hyoscine was given internally and a 5 per cent. solution of menthol locally with some relief. The hyperidrosis continued, however. The physiological relation between the facial tract and sweating was demonstrated by Adamkiewicz. Pathological observations on the relations of the trigeminus with sweating are very rare.

F. H. P.

PATHOLOGY OF THE NERVE PLEXUSES OF THE INTESTINES.

Bouome : *Archivio delle Scienze Mediche*. The author, after an extended series of researches, comes to the following conclusions :

1. Extirpation of the colliac ganglion, with partial destruction of the solar plexus, produces constantly in rabbits atrophy of intra-intestinal nervous plexus, accompanied with profound atrophy of the liver and spleen and general marasmus.

2. Atrophy of the intestinal plexus and general marasmus are more pronounced when there develop neuromata and fibro-neuromata after the extirpation of the colliac plexus.

3. There exists no relation between the nutritive activity of the intestinal plexuses and the muscular tone of the intestines.

4. Obstructing the circulation in the intestines produces throughout the entire length of the intestine where such obstruction exists, a true necrobiosis of the plexuses of Meissner and Auerbach.

5. In cases of a chronic saturnism, the author observed complete degeneration of the plexuses of the intestine, accompanied with an advanced sclerosis of the semilunar ganglion and of the entire solar plexus.

6. In individuals with chronic catarrh of the intestines, the author observed simple and pigmented atrophy of the plexuses of Meissner and Auerbach.

W. C. K.

PARALYSIS FROM LIGHTNING

Dr. R. V. Limbeck, of Prague, read a paper upon this subject at a recent meeting of the Society of German Physicians of that city.

Lightning can cause paralysis in man and animals, either by laceration of the tissues and hæmorrhage, or by direct