

"In the interests of justice as well as in fairness to the accused, in all cases of alleged criminal offences committed either while under the influence of an alcoholic or other anæsthetic, or by a known inebriate in a non-narcotic interval, there ought to be a skilled inquiry into the previous health-history and heredity of the panel at the bar."

A CONTRIBUTION TO THE STUDY OF EXOPHTHALMIC GOITRE. By Græme M. Hammond, M.D. ("New York Med. Jour.," Jan. 25, 1890).

After drawing attention to the fact of there having been very little advancement of original research in the pathology of the disease, the author drew especial attention to a symptom which deserves confirmation from others. This he called, from its first observer's name, "Dr. Louis Bryson's symptom," which consists in the inability of the patient under forced inspiration to expand the chest up to the normal extent. In every case examined this was confirmed. In some the loss of power to expand the chest was remarkable, and according to Dr. Bryson, when the expansion is reduced to half an inch or less, the termination of the case is invariably fatal, and was substantiated by Dr. Hammond in one case. In eight cases that recovered, the power of the chest-expansion was restored.

He refutes the theory that disease of the cervical sympathetic causes the disease, and considered the theory of a central lesion "to a circumscribed lesion affecting the vagus nucleus, vaso-motor nucleus, and the respiratory nucleus" more tenable, and supported by the case of Dr. W. Hale White, who "reported a case where the sympathetic was found to be healthy. A series of sections were made from the lowest part of the medulla to the corpora quadrigemina. At the level of the lowest part of the olivary nucleus there was, just under the posterior surface of the medulla, evidence of slight inflammation. The next few sections were quite healthy, but those in the neighborhood of the sixth nerve showed considerable changes. Immediately under the posterior surface of the medulla, extending from the mesial line as far out as the restiform bodies, which were slightly implicated, were numerous hæmorrhages. The area occupied by these hæmorrhages did not extend deeply, so that, except for a slight implication of the nerve-cells of the sixth nucleus on one side, the nerve-cells had escaped injury. The hæmorrhages seemed almost entirely limited to the posterior part of the *formatio reticularis*, but there were two or three small, deep ones. They were not marked

at this level, but were observed up to the lower part of the aqueduct of Sylvius."

Dr. White believes this is the first case where organic lesions have been discovered in the medulla in exophthalmic goitre, but Lockhart Clark reports a case where the "corpora quadrigemina and the medulla, particularly on its posterior part, were very soft, and, on minute examination, displayed the usual appearance of common softening."

Fox states that "the weak point in this theory of central origin seems to be that there is so seldom any dilatation of other vessels besides the thyreoidal." There is a strong probability that there is a general dilatation of the blood-vessels. It has been conclusively shown that in exophthalmic goitre the electrical resistance of the patient is very much diminished below the normal point. And although as yet there is no absolute proof, it seems plausible and probable that a general dilated condition of the vessels would account for the greatly diminished electrical resistance.

In many instances no lesion has been discovered at all, and the burden of proof goes to show that exophthalmic goitre is frequently a reflex neurosis.

Those cases reported the reflex disturbances as situated within the nasal cavity. The author considered irritation in other parts of the body might do the same, perhaps more liable parts being the eyes, nasal cavity, and genito-urinary apparatus.

Dr. Hammond confined the discussion of the treatment principally upon the consideration of carbozotate of ammonium, the value of which in the treatment of exophthalmic goitre was first discovered by Dr. A. C. Combes, his clinical assistant, and finally says:

"I have used it on three cases of my own, with, I think, decidedly good results. Its use is, however, limited, and for reasons which I will now mention cannot be given indefinitely.

"Following the directions of Dr. Combes, I have given the remedy in pill-form (each pill containing one grain of the drug), three times a day for the first week. In the second week two pills three times a day are given, and, if it can be borne, three pills three times a day in the third week. The physiological effects of the drug are very decided. They were observed by Dr. Combes, and his observations have been verified by my own. At about the end of the first week the skin and conjunctivæ assume a slight saffron color, which deepens if the drug is persisted in. Then a peculiarly unpleasant odor emanates from the

body, which is identical with that produced by dirty feet, and can be distinctly noticed if you approach within six or eight feet of the patient. Following this, severe gastric disturbances show themselves. It is rarely possible that patients can take this remedy longer than three weeks, but while they take it the effects upon the heart, the respiratory tract, and the exophthalmia are undoubted."

A CASE OF CEREBRO-SPINAL MENINGITIS.

Dr. J. F. Erdmann, in the same number of the "New York Med. Jour.," reports a case of cerebro-spinal meningitis with remarkable diminution of number of respirations. On the seventh day the number of respirations had fallen to four in a minute. A hypodermic of one-fiftieth grain of sulphate of atropia was administered, and within three hours the average respirations per minute were nine. They were averaging six the next day; the following day thirteen. Sulphate of atropia was the drug used to combat this symptom. Case recovered.

"Leyden attributes the diminished and Cheyne-Stokes respirations observed in the late stages of this disease to pressure upon the medulla produced by œdema, basing his opinion on the observations of Schiff after the artificial induction of hæmorrhage in the vicinity of the medulla in dogs."

C. H. B.

ON ALIMENTARY THERAPY IN THE TREATMENT OF MENTAL DISEASES.

Lattier ("Ueber alimentäre Therapie bei Behandlung der Geisteskranken," in "Centralblatt für Nervenheilkunde, Psychiatrie und gerichtliche Psychopathologie," xii., 20, 1889) distinguishes, in the alimentation of patients suffering from mental diseases, those which are only cared for and those which are actively occupied, who need more nutritious food, which must contain a greater amount of nitrogenous constituents. The proportion for those who are only cared for he determines, according to Gasparin, 264 grammes of carbon and 12 grammes of nitrogen as sufficient; while for those patients who also work he recommends 309 grammes of carbon and 25 grammes of nitrogen.

He especially investigated the peptones. The peptonizing is caused through the action of the gastric juice and the secretion of the pancreas. The same property is possessed by *carix papaya*, which is frequently employed. In the nutrition of a man Lattier assumes 1 grm. of peptone to 1 kilogrm. of the body-weight, but considers the liquid peptones superior to the dry ones, because the former are