

men, but no peptone, now contained large quantities of peptone until death occurred two weeks later, with the symptoms of ileus. The autopsy revealed a dermoid cyst, which was adherent in several places to the intestine, and contained besides gas an extremely fetid purulent mass, with hairs, epithelial scales, and cholesterine. Similar masses were found in the peritoneal cavity, between the occluded intestinal coils and in the pelvis.

In this case the appearance of peptouria was evidently connected with the bursting of the tumour, as made evident by the external signs of its collapse, the peptone being absorbed by the peritonem from its decomposed purulent contents.—*Centralblatt f. d. Med. Wissenschaften*, Oct. 29, 1881.

Treatment of Erysipelas by the Salicylate of Soda.

MM. BOCHFONTAINE and HALLOPKAU have shown that when compresses soaked in a neutral solution of salicylate of soda of the strength of 1-20, are placed on an articulation and covered with rubber cloth, the drug passes into the urine. The authors therefore thought that the drug so absorbed by the skin might produce a favourable action on erysipelatos inflammation: to determine whether their supposition was correct or not, in thirteen cases they applied compresses soaked in the solution, and frequently renewed, to the inflamed surfaces, with the internal administration of four grammes of the salicylate of soda; in three cases in a weak punch.

In almost all cases the temperature was decidedly reduced immediately after the commencement of the treatment with the salicylate; it can therefore be concluded that in this disease, as in typhoid fever, as much of the danger as depends upon the hyperpyrexia can be removed, or at least diminished, by the use of this drug. It also appeared that the duration of the disease was sensibly reduced, seldom reaching twelve days, the usual duration (Velpeau, Heyfelder, Zuelder), while in some instances the progress of the disease was suddenly checked. In only two cases the fever lasted to the tenth day, but in one of these cases the treatment was not commenced until the seventh day, and the other case was one of *wandering* erysipelas consequent upon adynamic pneumonia, and therefore one of greater severity. The accidents sometimes following the use of this drug in typhoid fever have not as yet been met with in the treatment of erysipelas; one of the patients was for a short time delirious, but no serious results followed, while another, an old man, attacked with purulent pleurisy after his erysipelas had disappeared, was very somnolent during the last two days. Nothing, however, proves that these accidents can be attributed to the salicylate of soda; it nevertheless appears prudent to cease the administration of the drug should head symptoms or dyspnœa occur. The authors believe that their observations show:—

1st. That salicylate of soda, employed in the manner indicated, reduces the temperature in erysipelas.

2d. That it often seems to reduce the duration of the disease.

3d. That it is not prudent to give the drug when head symptoms or dyspnœa are present.—*Journ. de Méd. de Paris*, Oct. 8, 1881.

Treatment of Hydrophobia.

In the *British Medical Journal* for Nov. 19th, there are a number of papers on, with reports of, cases of this rare disease. Dr. JOSEPH EWART has a paper on its Pathology and Prevention, and cases are reported by Mr. JAMES FOWLER, Mr. JOHN RUXTON, Mr. W. S. SAVORY, and by Mr. F. A. SOUTHAM.

From a comparison of the different plans of treatment followed in the seven cases reported by Mr. Southam, he gives the following indications:—

1. Chloral and opium ; administered as sedatives, in order to quiet the nervous excitement, and thus modify and allay the spasms by the direct action of these drugs on the nervous centres.

2. Chloroform and curare ; given with the view of arresting the spasms by the special action of these agents on the muscles themselves, the one acting centrally, the other peripherally, on the nervous system.

3. Tracheotomy ; performed in order to prevent death from asphyxia through spasm of the glottis.

4. The hot-air bath ; employed with the view of eliminating the poison from the blood by means of the skin.

Of the four drugs made use of in these cases, chloral, by its sedative action on the nervous system, appears to give the most beneficial results, by prolonging life, and also by temporarily allaying the spasms, and in this way alleviating the sufferings of the patient. In the two cases in which it was employed, life was prolonged in the one instance for twenty-eight, in the other for fifty-one, hours after active treatment was commenced ; in the remaining five cases, on the other hand (which came under treatment at much the same stage in the disease), and in which other plans of treatment were adopted, the patient did not, in any instance, survive for more than sixteen hours ; so that, even though the action of chloral as a curative agent may be *nil*, yet, if it is a means of prolonging life even only for a few hours, valuable time is gained for the employment and trial of other remedies. Its administration by subcutaneous injection is a ready and effective method of giving the drug ; much more so than by enema, as in the latter case there is the risk of causing an irritable condition of the rectum, and thus interfering with the employment of nutrient enemata, the only means of supporting the patient's strength. In neither case did the prick of the needle set up any spasm, nor was the injection followed by any evidence of local inflammation, though it is impossible to say whether abscesses might not have formed at the seat of injection if the patient had survived.

With respect to the action of morphia, though given in grain-doses frequently repeated, no such marked relief was observed as in the case of chloral ; and I should be inclined to regard this drug as a remedy of much inferior value, both as a means of affording relief and of prolonging life.

With regard to the employment of curare, if it is to be administered until its toxic action is produced by causing general muscular paralysis, a new element of danger is introduced into the case ; to insure success, it is obvious that the general paralyzing action of the drug must be produced, a necessary result of which will be paralysis of the muscles of respiration tending to asphyxia, to say nothing of the risk of inducing sudden syncope from its more remote action on the heart. In the two cases in which it was employed (in the one instance after two injections of one-quarter grain each at an interval of three hours ; in the other after a single injection of one-sixth of a grain), alarming symptoms of failure of the respiratory power suddenly appeared, while at the same time no relief was afforded to the spasms.

Chloroform as a curative agent is absolutely useless ; but, as a means of producing a temporary and complete cessation of the convulsions, and as an auxiliary for introducing food into the stomach while the patient is under its influence, it is not without value. During its administration, there is an entire freedom from all spasm ; but, in the three cases in which it was employed, the convulsions returned on its discontinuance with all their former force. In Case 7, in which narcosis by this means was sustained uninterruptedly for four hours, I have no doubt that the fatal termination was hastened. The objection to its use is, the severe spasm which is excited on first attempting to bring the patient under its

influence. In Case 2, the convulsions were so violent, and such severe respiratory spasm was set up, that it was necessary to discontinue its use.

Tracheotomy has been advocated with the view of preventing death from sudden spasm of the glottis; but it will be found that, as a general rule, death does not take place from this cause, but rather from exhaustion and gradual failure of the heart's action, the patient sinking into a condition of complete coma, with abatement of all symptoms, respiration in many cases going on quietly and free from all spasm. In six of the preceding cases, this was the condition at the end; in one only, Case 5, was death due to spasm of the glottis. In Case 6, in which tracheotomy was performed, the presence of the tube in the trachea appeared to be a constant source of irritation, apparently causing the patient considerable distress.

With regard to the hot-air bath, which has been much lauded by writers as a cure for hydrophobia, and especially by M. Bouisson, who states that he not only cured himself, but also eighty patients who had been bitten by rabid animals, we must remember that rabies only develops itself in a small proportion of those bitten by animals suffering from this disease. In Case 3, in which this plan of treatment was adopted, and where the symptoms were very well developed, it very quickly afforded marked relief, all the spasms entirely ceasing, and the patient quietly dropping off to sleep. It did not, however, prevent a fatal issue; the patient dying, as has been described, from sudden spasm of the glottis, about two hours after it had been discontinued. Whether the result might have been different if it had been continued for a longer period, it is impossible to say; but I think that if any real benefit is to be derived from this plan of treatment, it should be employed at the very commencement of the disease, with the onset of the earliest premonitory symptoms. From Cases 6 and 7, in which it was also used, no inference as to its curative value could be drawn; for, in the one, the patient was completely anaesthetized; in the other, tracheotomy had been performed, and the irritation of the tube seemed to favour the production of spasm.

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The Relations between Syphilis and Locomotor Ataxy.

The question whether syphilis should be looked upon as a frequent, or indeed the principal, cause of locomotor ataxy, has recently been much discussed, most of the French and English observers being strongly in favour of this view, while our German *confrères* have expressed the contrary opinion. Dr. JULIUS ALTHAUS has recently added his experience in the etiology of ataxy to the facts already published, and has with this view analyzed a thousand consecutive cases of nervous affections which have been under his care in private practice, with the object of discovering the part which syphilis has played in their causation. Amongst these thousand cases there were—206 of epilepsy; 101 of neurasthenia, or nervous exhaustion, without evidence of substantial lesions of the nervous system; 77 of hemiplegia owing to cerebral hemorrhage or softening; 51 of neuralgia; and 32 cases of ataxy with the fully developed symptoms; the remainder of the cases being such as hysteria, infantile paralysis, local paralysis, muscular atrophy, anæsthesia, chorea, tumour of the brain, impotency, paralysis agitans, torticollis, etc. In 29 out of the 32 cases of ataxy there was a syphilitic history; and in these 29, secondary symptoms had occurred in 28, while in one of them there had been a soft chancre and a bubo, but no secondaries.

These results are certainly startling, as they show a percentage of 90.6 in favour of the syphilitic origin of tabes dorsalis, which is higher than that found by Gowers (70) and Erb (67). They become even more striking on being compared with the percentages found for the other nervous affections, inasmuch as of 206 cases