

three fatal cases there was a preceding history of alcoholism, one tubercular, and in all three the nervous symptoms were preceded by an attack of influenza. The pathological findings were those of an acute or subacute multiple neuritis and those of an acute myelitis.

The author concludes that Landry's paralysis should not be considered a disease *sui generis*, but should be regarded as an exceptionally severe form of polyneuritis, which involves not only the peripheral neuron, but also the spinal and the bulbar neurons, and that its chief etiological factor is some acute infectious disease, notably influenza.

JELLIFFE.

- 93 MULTIPLE NEURITIS FOLLOWING INFLUENZA. H. B. Allyn (Journal American Medical Association, 29, 1897, p. 152).

The author reports six original cases of multiple neuritis following epidemic influenza. From a study of his own and thirty cases collected from other sources his conclusions are as follows:

1. Influenza, like other infectious diseases, may be followed by neuritis and multiple neuritis.

2. One sex does not seem to be more liable to multiple neuritis than the other.

3. It occurs most frequently between the twenty-fifth and forty-fifth years; and appears during convalescence in a few days or two or three weeks after the influenza has subsided.

4. It may present sensory, motor, vasomotor or trophic symptoms, or all combined, but sensory and vasomotor symptoms are more prominent than in diphtheritic and some other cases of multiple neuritis.

5. The great majority of the cases recover, both as regards restoration of function and power as well as regards life. Five of the thirty-six cases collected in this paper died. In one of Bruns' cases the symptoms resembled Landry's paralysis, in the other there was paralysis of the tongue and throat. In Eisenlohr's fatal cases there was general motor paralysis with intense hyperæsthesia of the skin. In Ferguson's case the neuritis was visceral, and in Leyden's fatal case there was coincident disease of the cord.

6. Recovery does not usually take place under four weeks and may be delayed for months.

7. Treatment should consist first of absolute rest in bed. Anodynes must be given in sufficient doses to relieve pain, when that is a prominent symptom. Morphine hypodermically may be necessary, but may be often substituted for with advantage by cocaine. The antipyretic anodynes are insufficient in any safe dose if the patient has pains for many days. The salicylate of cinchonidin is distinctly valuable, especially when the pain is not of the greatest intensity. At a later stage potassium iodide and the bichloride of mercury in small doses are helpful. When the pain is in an extremity, firm pressure with a flannel bandage gives great comfort. Blisters over the painful nerve trunks when they are superficial are also valuable in relieving pain.

Close watch must be kept on the action of the heart and the character of the breathing. Most of the fatal cases die through paralysis of the diaphragm. The closest attention must be given throughout the course of the case to the nutrition of the patient and to the condition of the skin, especially over portions of the body where pressure occurs.

As far as possible the stomach should be reserved for food. Medicine in these cases acts better when given hypodermically, and the stomach is not so likely to be deranged. This caution applies especially to the giving of anodynes.

8. Finally, while he thinks diphtheria as a cause can be excluded in

the cases which he has seen, both from the absence of any clinical evidence of it in the patient or his surroundings and from the fact that diphtheritic neuritis is almost purely motor, yet he cannot exclude the poison concerned in the production of follicular tonsillitis—infectious tonsillitis, for sometimes this is associated with influenza, and it may produce as much headache, backache and prostration as usually characterize the onset of influenza itself.

SHIVELY.

94. MULTIPLE PARALYSIS FOLLOWING MEASLES. S. W. Morton (University Med. Mag., 9, 1897, p. 740).

The author reports what in all likelihood was a severe multiple neuritis following measles, in a child of two years and eight months. The possibility of mixed infection is not to be excluded, as deglutition was unusually painful and the entire course of the disease somewhat anomalous. The paralysis involved not only the extremities but also the muscles of the neck and those of phonation, articulation and deglutition. Four months after the beginning of the sickness the child had not yet fully recovered, although he looked well, and the knee jerks and faradic contractility of the muscles had returned.

PATRICK.

95. GONORRHOEA, MIT POLYNEURITIS COMPLICIRT (Gonorrhœa complicated with Polyneuritis. E. Welander (Nord. Med. Archiv. N. F. 8, 1897, p. 26).

The clinical history is here given of a case of acute gonorrhœa with prostatitis and epididymitis occurring in a young man of twenty-one years of age. One month later symptoms of acute general infection appeared which soon disappeared, but superimposed upon these general symptoms there was a marked motor affection which persisted until the patient died of paralysis of the respiratory muscles and a purulent bronchitis. The nerves which were affected to the greatest extent were those of the face and the muscles of the limbs and trunks. The muscles of the bladder and intestine were paretic. There was no atrophy, the reflexes were abolished, and there was no reaction of degeneration. A microscopical examination (methods?) showed there were no changes in the spinal cord, nor of the nucleus of the seventh nerve. The peripheral nerves were in a profound state of degeneration.

VOGEL.

96. PRESSURE NEURITIS CAUSED DURING SURGICAL OPERATIONS. H. T. Pershing (Medical News, 71, 1897, p. 328).

The author reports several cases of injury to the brachial plexus and external popliteal nerve caused by carelessness in the position of limbs during long-continued operations. In summing up, he says: "The patient's arms should not be allowed to hang down, and care should be taken that during operation the weight of the body is as evenly distributed as possible. Keeping the patient in any constrained position should be avoided when not absolutely necessary, and the use of any mechanical contrivance for maintaining a desired position should be with due care to prevent nerves from being stretched or pressed upon. If neuritis does occur, the first indication is to secure absolute rest of the affected part during the early stage. At this time voluntary motion, massage, electricity, or any other excitant of muscle and nerve will do harm. When the pain and tenderness have subsided, counter-irritation, gentle rubbing and the galvanic current may be used to advantage. The faradic current often is harmful, and is useless except as a means of diagnosis or as a counter-irritant applied to the skin.

SHIVELY.