Tension thus being decreased in the partially emptied vessels, the heart becomes more and more affected.

A similar result follows the division of the splanchnic nerves, as shown by Asp, von Basch, and others, when all other parts of the body are drained excepting the district of dilatation, so that, in the eye, the contraction of the retinal vessels is clearly seen after division of the splanchnics. Thus we see that in the abdominal vessels, controlled and regulated as they are by the splanchnic nerves, we have an apparatus for regulating the blood-pressure in the body generally, and that increased tension, in any vascular district of the body, may be compensated by dilatation of the abdominal vessels. The whole so-called derivative method depends upon the principles just sketched.

The utility of local and general thermal applications to the surface of the body has long been recognized, but the *rationale* of their action has only recently been scientifically established by the experiments of Schüller. He carefully trephined a rabbit on both sides of the sagittal suture, and observed the vessels of the pia mater. Mechanical pressure over the abdomen caused venous congestion of the pia mater. Pieces of ice laid upon the dura mater caused powerful contraction of all the vessels. Where the superior cervical ganglion of the sympathetic had been removed, the application of ice produced no effect on that side. A cold wet compress on the belly or back of the animal produced, almost without exception, immediate and persistent dilatation of the arteries and veins of the pia mater.

A warm wet compress applied to the belly or back had a contrary effect. The vessels contracted less vigorously, the respiration became quicker and shallower. Plunge-baths, hot and cold, have an analogous but more powerful effect than compresses.

A young man lay two hours, naked, on a bed covered with a blanket; then a thermometer was placed in the auditory meatus, another in the axilla, and a third in the rectum. After the thermometer had indicated a constant temperature for some time, compresses were placed on the legs, reaching from the foot to the knee. After fifteen minutes the ear thermometer began gradually to sink, and reached its lowest point after fifty-five minutes, falling as much as 0.4° C. (0.72° Fahr.). In the axilla the minimum loss of heat was only 0.2° C., while in the rectum the temperature rose 2.0° C.

A further communication is promised upon this interesting subject.—*London Med. Record*, May 15, 1878.

MEDICINE.

Myelogenic Leucocythæmia.

As the result of a long discussion of cases and opinions (*Berliner Klin. Wochenschrift*, Nos. 6, 7, 9, 10, 1878), Professor NEUMANN, of Königsberg, points out that the following conclusions are warranted as to the connection between leukæmia and changes in the marrow of the bones: 1. There are cases of leukæmia, for the development of which no cause can be assigned but disease of the bone-marrow. Hence they may be considered as examples of pure myelogenous leukæmia. 2. No case of leukæmia has as yet been described in which on examination the marrow of the bones has been found normal. Hence there is no objection to the view that leukæmia is *constantly* associated with a pathological alteration of the marrow. 3. The ordinary view that a leukæmia can

originate in disease of the spleen or lymphatic glands requires to be re-examined and tested, since the proofs formerly adduced in favour of it took no account of the marrow of the bones. Of late, not a single case has been observed in which the possibility of disease of the bone-marrow could be excluded, and the leukæmia proved to be of purely splenic or lymphatic origin, with the same certainty as has been done for the bone-marrow in a case of Dr. Litten's, of Berlin, where there was not a trace of disease in the spleen or lymphatic glands. Professor Neumann regards the bone-marrow as "an organ which in every case of anæmia becomes the seat of important alterations which disturb its physiological equilibrium." These alterations, he thinks, consist in a sort of compensatory increase of its physiological hæmatopoietic function, so that the deficiency of red blood-corpuscles in the general circulation is filled up by an excessive development of white cells in the marrow; the final result being, if the anæmia persist, a pathological hyperplasia. "Thus," he says, "it is possible that the transition of a variety of anæmic conditions into leukæmia may be brought about through the medium of the bone-marrow." Of course there is at present but a small basis in fact for this hypothesis, but it may nevertheless direct attention to a new line of investigation which may eventually prove fruitful in results.—*Med. Times and Gaz.*, May 18, 1878.

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Contribution to the Pathology of Hæmophilia.

Mr. P. Kidd, in a paper read before the Royal Medical and Chirurgical Society of London (*British Med. Journal*, May 25, 1878), gives a description of a case of hæmophilia in a child six years old, in which fatal hemorrhage occurred from the mucous membrane of the mouth. A short clinical history of the case was given, with an account of the post-mortem examination. The blood was examined, and was found to be very watery, and to contain a large excess of colourless corpuscles. A microscopical examination was made of the aorta and vena cava, and of that part of the mucous membrane of the mouth from which the fatal bleeding took place. This examination revealed an extensive affection of the small vessels, arteries, veins, and capillaries, especially the smallest veins. This affection, which mainly consisted in a great proliferation of the epithelioid cells lining the vessels, was seen in the small vasa vasorum of the aorta and vena cava, as well as in the vessels of the submucous tissue of the mouth. The coats of the aorta and vena cava themselves were healthy. Drawings were given of the affected vessels and also of a portion of the surface-epithelium of the mouth, which had undergone a peculiar change, described in the paper. A certain number of small arteries of the oval mucous membrane had undergone a further change in addition to the epithelioid proliferation. This consisted in a degeneration of their muscular coat, which was seen to contain only a very small proportion of its normal structural elements. The conclusion was drawn that in this case there was a general disease of the small vessels. But, as the blood was also affected, there still remained the question whether this was primarily a disease of the blood or of the bloodvessels.

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Spinal Gout.

Dr. Olliver communicated (*Gaz. Hebdom.*, May 17) to the Académie de Médecine a case of gout in which he found in the spinal canal appearances due to a uratic infiltration at the external surface of the spinal dura mater—exhibiting, therefore, the characters of true visceral gout. These spinal manifestations have hitherto been rather suspected than described; and in none of the cases related was there furnished any proof of their gouty nature. Until now, in fact, their essential character—the deposition of granules of urate of soda—had never been demonstrated.—*Med. Times and Gaz.*, May 25, 1878.

Writer's Palsy Cured by Strychnia.

At a late meeting of the Medico-Chirurgical Society of Edinburgh (*Edinburgh Med. Journal*, May, 1878), Mr. ANNANDALE showed a patient who a few weeks ago had suffered from writer's palsy. His medical attendant had tried strychnia internally and galvanism without effect. Having studied Bianci's paper on the subcutaneous injection of strychnia, he resolved to try the method. Before beginning the injections the patient suffered from—1. Want of power in hand; 2. Spasmodic flexion of thumb when writing; and 3. Pain in back of neck. Nine subcutaneous injections had been made into the flexors and extensors of the forearm, with the result of complete restoration of power, removal of pain at back of neck, and partial improvement of flexion of thumb. A splint was now being used to remedy the last. Specimens of the patient's handwriting before and after treatment were shown. Prof. Annandale explained that the hypodermic injection consisted of equal parts of liquor strychniæ (B. P.) and water. Of this 6 mm. were injected every second day, the dose being increased by 1 mm. till it amounted to 12 mm.

Spasmodic Spinal Paralysis in Infants.

Professor ERB, of Heidelberg, remarks (*Betz's Memorabilien*, vol. xxii. pt. 12) that spasmodic spinal paralysis in infants is more frequent than is usually supposed, and is often misunderstood. It is frequently regarded as of cerebral origin, or as connected with the cerebral derangements of childhood; an error to be avoided without difficulty by accurate observation. Symptoms of spasmodic spinal paralysis, complicated with previous paralysis of the arm, and distortion of the face, and coexistent with strabismus, unquestionably point to a cerebral origin. More rarely is it confounded with atrophic spinal paralysis (tabes dorsalis proper) which is characterized by its sudden onset, by marked atrophy, by shortcoming and deformity of the limbs, and by the absence of reflex and galvanic irritability. The affection is developed slowly and insidiously, without convulsive or apoplectic symptoms. The legs are moved with difficulty, they are clumsy and stiff, and retained by the tense or contracted muscles in certain fixed positions. Usually the child cannot walk at all, but yet can, when lying down, move the legs though with some difficulty. If the child be supported under the arms, attempts at walking are made, but the thighs are closely pressed together, the knees slightly bent, the feet stretched out, so that only the points of the toes touch the ground, and in progression the feet are continually crossed and stumble one over the other, or in slight cases are dragged along the ground. Standing still is usually possible without difficulty, with some support. The skin is normally sensible, as also the reflex sensibility; the feet are mostly cold. The upper extremities are generally unaffected, likewise the brain and cerebral nerves. The intellect, speech, and movements of the eye are perfectly normal. The general health and nutrition are usually good, and there is an entire absence of atrophy. Dr. Erb describes two typical cases of children under five years of age presenting the above symptoms. In both there was total inability to walk, and the peculiar and characteristic position of the thighs and feet was strongly marked, and there was also some difficulty and indistinctness of speech—while both seemed otherwise in perfect health. Both presented a close resemblance to the locomotor ataxy of adults, and hence the treatment indicated in the first instance was the use of galvanism and cold water applications. But further experience and long-continued observations are needed to clear up the course and nature of these cases.—*London Medical Record*, March 15, 1878.

Treatment of Rheumatic Facial Paralysis by Galvanism.

Dr. J. Mascarel (*Bordeaux Médical*, September 18, 1877) alleges that he obtains much success from the following method of treating rheumatic paralysis of the facial nerve. On the first day he introduces a platinum needle, a centimetre or a centimetre and a half ($\frac{4}{10}$ths or $\frac{6}{10}$ths of an inch) in the direction of the stylo-mastoid foramen, towards the exit of the facial nerve from the cranium. A second platinum needle is placed horizontally in front of the orbit on the paralyzed side, in the superior fibres of the orbicularis palpebrarum; the needles are then connected with the poles of a battery of the desired intensity, and an interrupted current passed during twelve, eighteen, or twenty minutes. Violent contractions are caused by this plan, almost convulsive in the orbicularis palpebrarum, and sometimes the eyelids are closed at the first sitting. The second day, this operation is repeated with the palpebral needle below the eye. On the third, fourth, fifth, and sixth days the facial needle is successively introduced into those muscles of the face which prove most refractory; the other needle is always kept near the stylo-mastoid foramen. After the seventh or eighth day of this treatment the paralysis had disappeared in a dozen successive cases.—*London Med. Record*, May 15, 1878.

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Chloral Hydrate in Laryngismus Stridulus.

Mr. William Stewart, Hon. Surgeon, Beckett Hospital and Dispensary, Barnsley, states (*Lancet*, May 25, 1878) that in cases of laryngismus stridulus he has found chloral to be the remedy *par excellence*. Soon after commencing its use the laryngeal spasm begins to recur less frequently, and the attacks become slighter and of shorter duration, until at the end of two or three weeks the disease finally disappears altogether.

With regard to the dose. For children six months old, two grains of the drug may be administered three times a day, increased to two grains and a half at twelve months, and to three grains at two years. In these doses he never observed any unpleasant symptom or disagreeable effects from its use.

With regard to its mode of action, it appears to him to be beneficial by blunting the highly nervous excitability which exists in children of this age, and by thus calming for a time the irritability of the nerve involved in producing the spasm a cure is at length effected. To meet the treatment of the constitutional cachexia, he has administered powders of the phosphate of lime night and morning, or a few drops of the syrup of the hypophosphite of lime in order to assist the development of the teeth, and to promote the growth of bone generally, and at the same time he has prescribed dietetic, hygienic, and other remedial agents to remove as far as possible permanently the constitutional causes without which the disease would probably never have had an existence.

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Form of Submucous Laryngeal Hemorrhage not hitherto Observed.

In the *Berliner Klinische Wochenschrift* for April 1st, Dr. Sommerbrodt remarks, that hemorrhage in cases of acute laryngitis is not rare; such cases being described by Dr. Fränkel as laryngitis hemorrhagica. But the following case is unique. A girl, twenty years of age, presented herself in January last, with the statement that, about two hours before, she had, while eating, swallowed something which, she said, had stuck in her throat, causing a pricking pain about the larynx and much discomfort, and that all efforts to remove it, by swallowing bread, etc., had been futile. On examination, there was found projecting into the pharynx from the posterior laryngeal wall a dark, rounded body, of the size of a cherry-stone, while all surrounding parts were perfectly normal. It was soft

and firmly adherent to the inter-arytenoid space, and its manipulation under examination caused no pain. On opening it with a bistoury a quantity of dark blood flowed out, and the swelling disappeared. It was, therefore, a submucous blood tumour of the posterior laryngeal wall, simulating a foreign body. Its origin was due, probably, to bruising of the mucous membrane through swallowing a hard morsel. Similar cases sometimes occur of blood-tumours of the buccal mucous membrane through bruising by the teeth.—*London Med. Record*, May 15, 1878.

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Exophthalmic Goître Cured by Galvanization of the Sympathetic.

Dr. ANCONA (*Giornale Veneto delle Scienze Mediche*) relates the case of a young girl, aged 19, of habitually bad health, who suffered from exophthalmos and goître. She was emaciated, weak, suffered from diarrhœa and frequent flushings of the face; was irritable and capricious, and unceasingly dyspeptic. Dr. Ancona proposed galvanization of the first cervical ganglia of the sympathetic. The poles of a Stöhrer's battery were applied on each side of the neck, behind the angle of the jaw, pressing backwards the sterno-mastoid muscles. A current of ten elements was passed for a time varying from three to five minutes. After a few days, the circuit was frequently interrupted. The physiological effects observed were the following: dilatation of the pupil each time the current was closed, more marked on the side of the negative pole; slight contractions of the sterno-mastoid; scalorrhœa, with a taste of copper in the mouth; sometimes giddiness. At the end of five months, a hundred electrizations had been applied and very well borne. Arsenical treatment was added. From the beginning of the application of electricity, there was notable amelioration, and at the end of five months the state of the patient was very satisfactory. Her weight had increased by 30 lbs. Her face and mucous membrane resumed their normal colour; her eyelids regained their mobility; the thyroid gland diminished in volume; the arterial pulsation ceased to be visible; the pulse of the heart became regular; the pulse fell; menstruation became regular; digestion was restored; and strength returned.—*British Med. Journal*, June 1, 1878.

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Treatment of Asthma by Subcutaneous Injection of Arsenic.

Dr. MARTELLI reports, in the *Gazzetta Medica Italiana* (*Allgemeine Med. Central. Zeitung*, No. 2, 1878), the case of a man aged 30, who had suffered from repeated attacks of asthma, which were not relieved by various methods of treatment, including subcutaneous injection of strong solutions of morphia. Dr. Martelli used subcutaneous injections of Fowler's solution of arsenic (one part to two of water). Two or three syringefuls were injected through the same puncture. The effect was remarkable; the paroxysms at once ceased. After two drachms of the arsenical solution had been used, the disorder quite disappeared, and the patient's health improved greatly. Later, there was a return of the asthma, which was subdued by two injections of the solution. The injections were not attended by any troublesome results, local or general, beyond pain in the arm of very short duration.—*London Med. Record*, May 15, 1878.

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Morbid Local Temperature in Pleurisy.

Prof. PETER, in a communication to the Académie de Médecine (*Bulletin*, April 30), states that he is desirous of recording the results of a long series of investigations on morbid local temperatures in which he has been engaged. His first communication relates to the *temperature of the thorax in acute pleurisy*, and the variations which this undergoes, according to certain determinate condi-

tions, in relation to the normal mean temperature and the parietal temperature of the healthy side. This is not, he says, a piece of mere scientific curiosity, but has immediate useful clinical applications, enabling us, among other things, to establish a diagnosis in doubtful cases of commencing pulmonary tuberculization.

The results of his investigations show: 1. On the side of the pleurisy the parietal temperature is always greater than the mean temperature (35.8° C.); this morbid excess, or *local hyperthermy*, amounting to from 0.5° to 2° and more, since the local temperature may reach 38°, 39°, or even 40°. 2. The elevation of temperature increases with the effusion, *i. e.*, this increase corresponds to the period of secretory activity of the inflamed pleura, and may amount to 2.5° or 3°. 3. This temperature decreases as soon as the level of the effusion remains stationary, that is, when it ceases to be produced. But, generally, the parietal temperature still exceeds that of the unaffected side by from 0.5° to 1.5°. 4. Not only does the pleurisy raise the temperature on the affected side, but also that on the opposite side; but the temperature is always higher (from some tenths of a degree to one degree or more) at the former than the latter. 5. The parietal temperature becomes gradually lower as the effusion is spontaneously absorbed, always, however, remaining higher (generally by some tenths of a degree) than on the sound side, such increase persisting for a considerable time. Such persistence is not to be neglected, as it indicates the continuance of the anatomical conditions which give rise to the effusion, and the possibility of a relapse. 6. In cases of pleurisy without effusion (as diaphragmatic pleurisy, for example) the local hyperthermy is less high, and the normal temperature returns more rapidly. 7. Perhaps one of the most interesting facts is that the *absolute elevation* of the local temperature of the bad side is more considerable than the absolute elevation of the axillary temperature, although the axillary thermic figure may be higher than the parietal thermic figure. This local hyperthermy precedes the axillary hyperthermy—two circumstances which demonstrate the predominant influence of the pleuritic morbid process over the general condition, or at all events over the general temperature. 8. When the effused fluid is evacuated—that is, the cavity of the pleura emptied—an unexpected phenomenon is immediately produced; the elevation of the parietal temperature on the punctured side; and one of two circumstances may take place. (*a*) If the effusion is not reproduced, the temperature (which before the puncture was higher than normal and higher than on the sound side) may rise some tenths of a degree still higher. But this is the case only for from twenty-four to forty-eight hours, after which the parietal temperature sinks first to the figure it stood at before the operation, and then continues to decrease till it reaches the normal figure, 35.8°. (*b*) If the secretion is reproduced and then absorbed again, during the period of renewed secretion, the local temperature rises very notably, as much as 1° some hours after the puncture. It hovers about this hyperthermy for some days, then decreases under the influence of medicinal agents, returns to the figure it stood at prior to the puncture, and finally returns to the normal state. It is remarkable that, both as regards the elevation and depression of the temperature, the parietal temperature always precedes the axillary temperature, the local malady seeming still to govern the general temperature. When for the reproduced effusion, puncture requires to be again resorted to, we have local preceding general hyperthermy, and then a stationary condition of the local temperature during the effusion. After a new puncture the same thermic and secretory phenomena are reproduced.—*Med. Times and Gaz.*, June 1, 1878.

Franck and Bellouard on the Diagnostic Value of the Radial Pulse in Innominate Aneurism.

The radial pulse below an aneurismal tumour generally presents two peculiarities of great diagnostic value: firstly, diminished fulness; secondly, a delay in point of time as compared with the pulse of the opposite wrist. By reason of its greater constancy, the second of these, the delay, is by far the more important of the two. A case of innominate aneurism examined by Dr. Panas shows of how little value is diminished fulness regarded as a symptom, for the radial pulse below the aneurism showed considerable fulness, whereas the left pulse was so small as hardly to be appreciable by the sphygmograph. M. Bucquoy mentions a similar case. A careful examination of the circulatory disturbances of the arm, face, and fundus of the right eye led these two observers to attribute the increase of fulness, in the instances just alluded to, to vaso-motor paralysis consequent upon functional derangement of the first thoracic ganglion of the sympathetic, due to compression by the largely developed aneurismal tumour. In a patient with innominate aneurism mentioned by M. Bellouard, a slight sinking in of the globe of the right eye, a decided diminution in the palpebral orifice, and a well-marked excavation of the optic disk were observable, and were known to have been present for a long time. The field of vision of the affected eye was reduced to nearly zero on the nasal side, which confirmed the ophthalmoscopical appearances of the disk. There was also present a marked diminution in the acuteness of vision of the right eye as compared with the left.

This case offers an excellent opportunity for studying the relations existing between paralysis of the sympathetic, nutritive disturbances of the fundus of the eye, and partial atrophy of the papilla entailing diminution in the field and in the acuteness of vision; for there can be no doubt that in this case the ascending sympathetic filaments from the first thoracic and inferior cervical ganglia were paralyzed. Those from the first thoracic ganglion supplying the vessels of the upper extremity being similarly affected, the fulness of the radial pulse is accounted for.

The sphygmographic tracings of the right pulse shown by M. Franck display a suddenness of impulse altogether absent in those of the left side. In consequence of this energetic circulation in the right upper extremity, and contrary to what one generally observes in aneurism, there was an elevation of 1° F. on the affected side, of which the patient was herself perfectly conscious.

It may therefore be concluded that the smallness of pulse and fall of temperature below an aneurism may be replaced by inverse symptoms, provided the aneurismal tumour compresses and paralyzes the sympathetic ganglia or filaments concerned in that region. Again, symptoms of either kind may be altogether absent; at any rate their uncertainty and their dependence on adventitious conditions should render them of second-rate importance. Of first-rate importance is the delay of pulse which no nervous influence can suppress, though the peripheral vascular dilatation and consequent easy flow of blood in the extremity tend to render it less distinct. By means of an apparatus devised by M. Franck, he shows that during the expansion of the tumour the pulse of the right hand is delayed a third after that of the left, in the case above alluded to.

Though the absolute amount of delay varies with circumstances, and is necessarily influenced by all kinds of conditions, yet its constancy, the fact that there always is delay, however slight, renders this symptom of the very highest diagnostic value in cases of suspected innominate aneurism.—*London Med. Record*, March 15, 1878.

Case of Hepatic Abscess Opening into the Lung: Successful Treatment by Carbolic Acid.

Dr. P. Carrescia relates, in *Il Morgagni* for December, 1877, the case of a man who, having suffered for a long time from a malarial affection, was suddenly attacked with vomiting of pus, due, without doubt, to the bursting into the bronchi of an abscess of the liver. In these circumstances, Dr. Carrescia, remembering the remarkably beneficial effects of carbolic acid in suppurative pneumonia, was led to employ it as a disinfectant and modifying agent on the abscess. After sixteen days of treatment by the daily administration of from 15 to 40 drops of a solution of carbolic acid [of what strength?], the patient gradually completely recovered. The author does not overlook the fact that abscess of the liver may heal spontaneously; but, in the present case, the rapid diminution of the pus, the absence of pain, and the improvement of nutrition, appear to him to render the effect of the treatment undeniable. He concludes, therefore, that the internal use of carbolic acid in abscess of the liver may exercise some special action such as has already been described in suppurative pneumonia, and expresses the desire that the value of the treatment may be tested by clinical observation.—*London Med. Record*, May 15, 1878.

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Diabetes Insipidus rapidly Cured by Ergot.

A recent number of the *France Médicale* contains an account of a very severe case of polyuria which rapidly yielded to the internal administration of ergot of rye. The patient was a man, æt. 46, and the symptoms followed a prolonged immersion in the sea. They were ushered in by giddiness, pain in the head, and nausea; to these were soon added profuse perspiration, frequent desire to pass urine, thirst, and increased appetite. The daily quantity of urine rose to 350 ounces, of a sp. gr. of 1017. Neither albumen nor sugar was present. The quantity was reduced by atropine, but the other effects of this remedy were very disagreeable to the patient. Ergot of rye was then given, in doses of seventy-five grains daily, and in nine days the quantity of urine was reduced from 240 to 70 ounces. The other symptoms also disappeared, and the patient soon regained his normal condition.—*Med. Examiner*, June 6, 1878.

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Treatment of Obstinate Sciatica by Subcutaneous Injections of Nitrate of Silver.

Dr. Auguste Dureau has had the opportunity of observing, in MM. Damaschino and Gerin-Roze's wards, the generally favourable results obtained in the treatment of obstinate sciatica by the method of Dr. Luton, of Rheims. M. Dureau (*Thèse de Paris*, Feb. 27, 1877) recommends that the end of the canula of the subcutaneous injection-syringe should be inserted deep enough to go through the dermis. The injection has always been made in the nates at the point where the sciatic nerve emerges. M. Dureau furnishes the following indications as to the preparation and quantity of nitrate of silver employed. Dr. Damaschino always employs a twenty-five per cent. solution in doses of five drops, and it has always yielded good results. Dr. Luton varies the strength and the quantity of his solution, sometimes using from twenty to twenty-four drops of a ten per cent. solution, sometimes the same quantity of a five per cent. solution. The solution employed by Dr. Bertin, of Gray, is a five per cent. one, and the number of drops injected varies from 15 to 20 or 25 drops. Dr. Gerin-Roze uses the fifteen per cent. solution in doses of 15 drops. Out of twelve cases, this physician has had nine cures, some cases of improvement, and some which remain *in statu quo*; he has never, however, seen any unpleasant results. M. Dureau comes to the follow-

ing conclusions: 1. The injections of nitrate of silver are recommended for old and obstinate neuralgia. 2. Irritation from injections into the depth of the tissues is not to be feared, as is generally supposed. 3. The mode of applying the drug allows the affected point to be reached, and gives so much the more certainty to its action. 4. Cure or improvement is very rapid. 5. Finally, this method is less alarming and much more efficacious than the hot iron.—*Lond. Med. Record*, March 15, 1878.

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Coloured Exudation in Eczema.

Dr. LINDSAY gives, in the *Medical Times and Gazette*, March 9, 1878, pp. 247, 273, details of a case where the dressings from an eczematous leg were stained blue, and occasionally green. The patient, aged 35, a tall, handsome, athletic man, had been subject to periodic attacks of eczema; and during one of his usual attacks, wherein the legs were affected, and which attack extended over several weeks, the various dressings applied to the leg, as well as the drawers, stockings, or other articles of clothing that became fouled, all assumed various shades of blue, sometimes of green, just as though they had been purposely stained with a solution of sulphate of copper or of indigo. That no deceit was practised was certain. No medicines were being administered internally at the time, and no local applications but simple water-dressings were used. The urine was normal and free from colour. He was the subject of a certain degree of mental imbecility, the result of "cram" at sixteen years of age. Dr. Lindsay brought the case before the notice of Drs. M'Call Anderson and Peel Ritchie. To the former it was new; the latter gentleman had seen similar cases, and believed it might be due to renal inadequacy. In the concluding part of his interesting paper, Dr. Lindsay gives a good deal of useful information upon the literature of the pigmentary exudations in the different secretions of the body, viz., pus, urine, sweat, serous effusions, etc.—*London Med. Record*, May 15, 1878.

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Urticaria following the Administration of Salicylate of Soda.

In the *Aerztliches Intelligenz-Blatt* for April 9, Dr. HEINLEIN, of Erlangen, communicates the following case which occurred during the last winter.

C. K., a house-painter, aged 45, had a severe attack of articular rheumatism in 1853, from which he recovered slowly. Since then he had several further attacks, and while suffering from the last was admitted to the polyclinic, at Erlangen, on November 17, 1877. He presented the usual symptoms of rheumatic inflammation in the elbow and knee-joints. The pulse was intermittent throughout the course of the case, raising the suspicion of a fatty heart, which was further indicated by the pasty appearance of the patient, and by his acknowledged addiction to alcoholic liquors.

During the first ten days, salicylate of soda was given in hourly doses of 7.7 grains (0.5 grammes) without any effect. Thereupon the dose was increased to 60 grains (4.0 grammes) with the following result. Soon after this first dose was given, there came on intense tingling and itching of the skin. The left side of the face, the lower extremities, and the right side of the chest were diffusely reddened, while both eyelids, the upper lip, and a great part of the legs were slightly œdematous. The pulse stood at 90°, temperature at 101.8° F., and the urine was slightly albuminous. At the same time all pain in the affected joints had vanished, and they could be freely moved about. By the next morning the redness had disappeared, and the pulse and temperature had fallen respectively to 80° and 100° F. In order to ascertain how far these symptoms were the result of the treatment, it was determined to repeat the dose at the next opportunity.

The patient continued free from pain for the next three days, but on the fourth day the articular pains returned with such severity, that the patient himself begged for "the large powder." Sixty grains (4.0 grammes) of salicylate of soda were given; after fifteen minutes, severe burning pain in the frontal integument supervened, and five minutes later strong itching on the back of the right hand. In half an hour a marked eruption of urticaria was established over the greater part of the body, especially the legs and abdomen, with some œdematous swelling of the arms, eyelids, etc. This disturbance moderated in the course of two or three hours, and had completely subsided the next day. Subsequently, several smaller doses were administered without producing any of the above effects, and the patient recovered. After his recovery the patient consented once more to take the larger dose, and the result was precisely the same as before. Hence it is evident that salicylate of soda must be classed with those drugs—cubebs, copaiba, santonin, turpentine, valerian—the administration of which is sometimes attended by urticaria.—*London Med. Record*, May 15, 1878.

SURGERY.

Morbid Anatomy of Tetanus.

Dr. E. Aufrecht, of Magdeburg (*Deutsche Medicin. Wochenschrift*, April 8), gives an excellent account of the morbid appearances found in the spinal cord of a case of tetanus. The patient, a labourer, aged 41, got a compound dislocation of the thumb, which was treated by Lister's method. Eight days afterwards, spasm of the muscles of the jaw and neck set in, for which Dr. Hagedorn stretched the median nerve, but with no good result, as the patient died two days after the first appearance of the tetanic symptoms. At the post-mortem examination, the sac of the spinal dura mater contained a considerable quantity of serum, and the cord, both gray and white matter, was obviously hyperæmic. After hardening for three months in a solution of bichromate of potash, which was changed every day or every second day, sections were made and carefully examined with the microscope. Throughout the cord, the vessels were found distended with red blood-corpuscles; this hyperæmia involved arteries, veins, and capillaries, as was proved by careful isolation. Around the larger vessels, especially in the lumbar region, there were found masses of a hyaline-looking substance, which appeared either dull or with short bright transverse striation. This material adhered to the adventitia, even when the vessels were isolated. He is inclined to regard this material as fibrin, but is bound to point out that it was present also in the cavity of the central canal. More frequently, dark granules of pigment and fatty-looking molecules were present in the adventitia. In the white substance, he found many granules of pigment, etc., and many of the nerve-fibres had fine granules in their medullary sheaths, which gave these latter a dusty appearance. The most marked changes were found in the cells, those of the cervical region having the lesion most pronounced, while, on passing down the cord to the lumbar region, the departure from the normal became less and less, although even in the latter region the morbid appearances were still manifest. These alterations were diminution in the size of the cells, increase of pigment, loss of their processes, disappearance of nuclei and nucleoli, the cells becoming of a diffuse yellow colour and containing refractile drops, or looking like structureless yellow lumps. The cells of the anterior horns of the lumbar region were quite normal, except perhaps a slight excess of pigmentation; those