

"The stage of excitement scarcely lasted fifteen minutes. It was succeeded by a state of sedation, during which the salivation was excessive, and the animal appeared very much as if under the influence of a full dose of alcohol. As the normal condition of the dog was regained, the fluid fell in the tube, and reached the zero almost simultaneously with the disappearance of the symptoms of intoxication.

"I repeated the experiment on different days with variable doses of quinia—from two grains to fifteen—in all four times, and invariably with the result of a steady rise of the fluid in the tube as the effect of the drug increased, and its fall to the zero as the influence wore off. At no time did the fluid reach a lower point than that at which it stood before the administration of the quinia.

"I think the several experiments detailed in this memoir show conclusively that the influence of the sulphate of quinia over the intra-cranial circulation is that of causing hyperamia and congestion."

The result of these experiments accords, we should think, with the experience of practitioners. Every one, we presume, must have witnessed deafness result from large doses of quinia, and we have had under treatment cases of amaurosis, sometimes utterly irremediable, occasioned by the too free use of that drug.

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*Acute and Subacute Spinal Paralysis; Inflammation of the Kinesodic Tract of the Spinal Cord.*—Dr. SEGUIN read an elaborate paper on this subject before the New York Academy of Medicine (November 5, 1874). The affection was not known to the profession until within a few years. Twenty-two cases were reviewed, which included five that had come under his own observation.

Duchenne recognized it first in 1847, and brought it before the profession in 1853. It is nearly identical with infantile spinal paralysis. After a careful examination of all the reported and personal cases, Dr. Seguin recapitulated the symptoms as mainly referable to three groups, viz., mobility, sensibility, and nutrition.

In some cases changes in respect to mobility appear suddenly, in others more slowly, and in the whole series of cases every modification was apparent. In some cases the paralysis was general, in others paraplegic, and in others speech was affected. The muscles of the neck, chest, abdomen, and sphincters of the anus, were not affected.

As regards sensibility, one-half of the cases gave evidence of anæsthesia. Morbid sensibility was an abundant and an early symptom. Another important symptom was subjective cold. In three cases there was a feeling of a constricting band. In one case wasting of the tongue. There was never a tendency to the formation of bed-sores. There was muscular atrophy, with loss of contractility under the influence of electricity.

The diagnosis mainly rests on the atrophy of the muscles, with a loss of contractility, and in all its symptoms closely resembles infantile paralysis.

The pathological anatomy of the disease shows a granular degeneration of the ganglionic cells of the anterior horns of the spinal cord. The posterior were normal. No lesion was apparent to the naked eye, but under the microscope some of the ganglionic cells of the anterior columns contain yellow pigment, others are changed in form, while others have disappeared.

*Treatment.*—In the early stages counter-irritation is indicated over the spine. In the chronic form galvanism should be used to cause contractility. When contractility is good, faradism may be used.—*New York Med. Journ.*, December, 1874.