

sympathetic evidently influence the muscles of the the head and face over a wide area. As is well known, the effect of faradization is to set up a succession of rapid contractions and relaxations in muscular tissue. The pressure thus brought to bear on the swollen veins would amply suffice to force their contents onwards, and thus to dissipate the venous congestion. Examples of this very result are not lacking. Thus when Kolliker applied one pole to the umbilical artery and vein of a fresh human placenta, there followed contractions by which the veins forced out their contents and changed into bloodless strings" (e).

The following quotations from Rosenthal's "Diseases of the Nervous System," Vol. II., Wood's Library, have a peculiar fitness here; "Kussmaul and Tenner have shown in a series of experiments, by placing a watch-glass in the opening of a trephined skull, without allowing the air to enter (Donder's plan), that compression of the carotids causes capillary anæmia and venous hyperæmia of the brain and meninges" (f). "In Verneuil's patient, upon whom ligature of the carotid was performed for a tumor of the parotid gland, persistent contraction of the pupil developed shortly afterwards, with rise of temperature and vascular dilatation upon the temple and gums, and abundant perspiration upon the side of the face, corresponding to the operation. All these symptoms can be produced experimentally upon animals by dividing the cervical sympathetic" (g).

Here is a remarkable proof that the section referred to causes arterial contraction (and not dilatation), seeing that the other effects of the section are equivalent to those produced by ligature of the carotid.

(To be continued.)

CROUPOUS PNEUMONIA, AS FOUND IN VARIOUS PARTS OF THE DOMINION OF CANADA.*

BY WALTER B. GEIKIE, M.D., C.M., F.R.C.S.E., L.R.C.P.L.
Prof. of Medicine and Clinical Medicine, Trinity
Medical College, Toronto.

I do not for a moment propose to bring a subject so familiar as Pneumonia before the medical section of this International Medical Congress.

(e) Meyer's Elec. Hammond, p. 88. (f) Ib., p. 64.
(g) Ib., p. 26.

*Read at the International Medical Congress held at Washington, D.C., U.S., September, 1887.

True, no disease attracts more attention, or is more widely known in both hemispheres, and on this account it occurred to me as desirable, in addition to my own observation, to obtain by correspondence, as far as lay in my power, some information regarding the prevalence and peculiarities, if any, of croupous pneumonia, as found throughout Canada, from the Pacific on its western, to the Atlantic on its eastern shores. It further seemed more than likely that a short paper referring to a subject so practical and of such widespread interest as inflammation of the lungs, would be certain to elicit the views and experience of many members of the Congress, and in this way prove of great practical utility.

It would be out of the question to detain the section, by reading in detail either the queries submitted by me to various medical men throughout Canada, or the replies received to these.

The main point desired was to ascertain the frequency with which the disease was met with in different parts of the country, remote from each other—and the form or forms it is wont to assume under very varying climatic conditions.

From British Columbia on the western coast I learn—and may say that the information received so far has been chiefly from the New Westminster district—that pneumonia is *not* of very frequent occurrence. That when met with, especially in the larger towns, it is as an accompaniment of some other form of disease. In other words, that it is a *secondary* much oftener than a primary affection, and as the disease with which it is most frequently associated, is typhoid fever, many of the cases are prone to assume a very low form.

Acute cases, however, occur from time to time, but are said by my correspondents to be not nearly as common in that region, as the complicated low type just referred to.

Coming eastward into the as yet very partially known and exceedingly sparsely inhabited regions of Alberta and Assiniboia, pneumonia is said not to be common. Query—Is this not because settlers are as yet so few in these vast territories?

I am also informed that it has never appeared in those parts as epidemic, as it is reported and believed to do occasionally in some older and more fully settled localities. Practitioners there find it a purely primary disease, an acute inflammation of the lungs, pure and simple.