

his present attack, which came on five weeks ago, quite suddenly. He went to bed in apparent health, and awoke during the night with a violent shooting pain; partly in the small of his back, but most violent over the right sacro-ischiatic notch (from which emerges the sciatic nerve), and extending down the posterior, and outer part of the right thigh. He tried several household remedies, but without success, and for three weeks he informs me, he has neither gone to bed, or taken his clothes off. This is because the pain is considerably aggravated upon his lying down. He also complains of some loss of sensation in the leg, and on testing this point yesterday I concluded that to a certain extent sensation was dulled. He says the leg feels numb and heavy and has a feeling of stiffness. The pain, although constant, has paroxysm of intensity, when it is of a lancinating or tearing character, and in these paroxysms changes its position frequently. Yesterday I gave him Potash Iodide 5 ii. Pot. Bi. C. 3 iv. Vin. Colchici. 3 iy. Aque 5 vi. 3 ij. ter in die. The conclusion I have come to is that this patient is suffering now from a form of sciatica; although at first it seems to have been accompanied by decided lumbago. This, however, is not an unusual occurrence, very often an attack of lumbago preceeds the sciatica, and the pain gradually works its way till it settles in the sciatic nerve. The disease is a neurosis—but constitutional predisposition has less to do with it than with any other form. It is caused by cold and dampness, by sitting on anything that compresses the nerve—excessive walking, and constipation. The sufferings in this disease are sometimes very great and it is very rebellious to treatment.

Treatment. If the cause is known it must be removed. Constipation will require active purgation. In cases where the attack has commenced with lumbago, the Turkish bath is especially useful. The hypodermic injection of morphine 1-6 to $\frac{1}{4}$ of a grain with the 1-120 to the 1-100 of solution of atropia has been found very serviceable. The deep injection in chronic cases of five to ten minims of chloroform is highly spoken of. The needle should be inserted, where the pain is most severe. Ether may be used but is less effective. Galvanism is advised, apply one electrode near the exit of the nerve from the pelvis and the other below. A powerful current must be used. The application of the hot hammer or button is often very successful. Blisters along course of the

nerve and the raw surface dressed with morphia. The warm pack is advised. It should be worn all night. In chronic cases with a rheumatic history iodide of potash, guaiacum and turpentine should be given. [This patient made a rapid recovery and was subsequently presented to the class.]

Correspondence.

LETTER FROM BERLIN.

Editors CANADA MEDICAL RECORD.

SIRS,—The University of Berlin still controls the teaching of medicine in that city, although special hospitals and specialists have arisen from whom the student may derive valuable additions to his knowledge.

With these occasional exceptions, however, the professors in the University and their assistants form the principal means by which the hospital advantages of the German Capital are made available. There are accordingly few courses which the student of medicine or surgery does not take as a *bona fide* matriculant of the University, and if he wishes to be properly accredited it is the usual course to pursue. He will attend the regular professional lectures and the subsidiary classes of the assistants in whatever branch or branches he may decide to learn. And the first thing that will strike him will be the difficulty of getting precise information regarding the men and things he will be the most curious about. The German student probably knows as much as the English or American, but he concentrates it upon one or two objects. He knows, for example, a great deal about methods in surgery, but he is ignorant about the hour at which Leyden lectures on medicine or whether Henoch discourses about children on Wednesdays or Saturdays. It may seem a trivial matter, but there appears to be no central office of enquiry, no notices in a porter's lodge—no reliable indication of the time, place and immediate whereabouts of the various lectures, demonstrations, etc., whereby a stranger may regulate his search for information in medical Berlin. Nor is there much use in enquiring of the students that are everywhere to be found about the hospitals and University buildings. They would doubtless tell you, with their proverbial politeness, if they knew, but the truth is they simply don't know. Fortunately few Americans will visit Berlin without finding a sufficiently communicative soul in some fellow-