

exactly corresponds with Prof. Maurice Benedikt's account published simultaneously in Virchow's Archives. Amongst the very various symptoms of this dire disease, a very common one is mental furor, an almost invariable one is respiratory spasm. As for treatment all remedies appear to fail. There is an almost universal *consensus* of opinion as to the propriety of immediate cauterization. After the full development of the symptoms, M. Menesson has found that faradization, by placing one pole on the back of the neck and the other on the sole of the feet, produced a calm, enabling the patient to speak and swallow liquids. Dr. Ruissou speaks highly of the Russian Vapour Bath, and to the Turkish bath some cures have been attributed. An authentic case of cure by hypodermic injection of curara has been this year recorded by Dr. Offenburg of Wickrath. Dr. Matthew Charteris of Glasgow affirms that if any more cases fall into his hands, he will bleed to the point of syncope and transfuse. Epidemics of diphtheria have raged in various places during the year, Vienna, Paris, London, &c., &c. The epidemic in Vienna was of interest as presenting the results of treatment by three new remedies, neurin, tetra-methyl-ammonium-oxide, and tetrethyl ammonium-oxide, applied locally and in a few cases hypodermically. The result upon the whole was favourable, and these substances appear to be good solvents of the membrane. English practitioners, however, will probably prefer the internal administration of iron, quinine, and chlorate of potash, with the inhalation of steam, and carbolic, lactic or sulphurous acid locally. M. Chesnet has published an important thesis upon cancer of the stomach in which he shows that this disease may remain absolutely latent, or only give rise to symptoms which are commonly attributed to other diseases. Dr. Millon (*Brit. Med. Jour.*) describes a new peculiar *râle* which he calls the *Râle Mouillé*; it denotes the passage of pneumonia from the second to the third stage. He describes it as a moist *râle*, of small bubbles, confined exclusively to inspiration, softer and smoother than mucous or cavernous râles; they are all of the same volume. As a prognostic sign it is an invariable precursor of not far distant dissolution. Dr. Macgregor of Fiji

describes a new form of paralysis observed in the Chinese, apparently of reflex origin, and associated with a liver parasite—the distoma sinense. Dr. Gowers, of University College, has also for the first time described in English the malady known as saltatoric spasm; he describes two cases which have fallen under his own observation, and the five other cases hitherto published in German—two by Bamberger, two by Paul Guttman, and one by Anton Frey. The main feature of the disease is a violent clonic spasm of the legs on attempting to stand. Dr. T. J. Griffiths of the U. S. Marine Service has had a series of eighteen cases of paralysis and five of epilepsy in hospital patients, and eight of hemiplegia in private practice, which he has treated exclusively by means of a seton at the back of the neck, and tonics, with beneficial results in every case. At the suggestion of Prof. Binz, Dr. Patton has made experiments with certain early flowering grasses, *Testuca Protensis*, *Dactylis Glomerata*, and *Secale Cereale*, which go to show that the pollen of these plants does not excite hay fever. The use of inhalations in pulmonary complaints has been steadily growing in favour. Of the two most frequently employed in phthisis, creasote appears to have more effect in relieving cough, while carbolic acid is more effectual in diminishing the expectoration. It has been claimed that the early inhalation of carbolic acid will arrest the progress of pneumonia. Dr. McCall Anderson of Glasgow, claims to have cured several cases of tubercular peritonitis and acute phthisis; and insists upon the curability of tubercular diseases. Unfortunately, however, the cases he narrates would appear to admit of a different diagnosis. Messrs. Lewis and Cunningham have this year published in the *London Lancet* an account of Oriental sore or Delhi boil; they state that it does not differ from the various forms of lupus and requires the same treatment; they propose to call it *lupus endemicus*. Hydatid tumours of the liver appear not to have been uncommon, and the Journals of the year record at least a score of cases, most of them cured by a single tapping. M. Charcot has drawn attention to the fact that in paralysis agitans (Parkinson's Disease) the head does not shake, as it does in