

allowed to go home where he can continue treatment. The differential diagnosis between alcoholic neuritis with paralysis and tabes dorsalis I will leave to the professor of neurology, in whose domain this work lies. We will keep up Galvanism and Faradism and such constitutional restoratives and symptomatic treatment as the case indicates from time to time and report upon it later.

Selected Articles.

CHEYNE-STOKES RESPIRATION.*

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Mr. —, merchant, 73 years old, of good habits and good family history, came under my care in September last. His health had not been robust for many months. In mid-summer his legs became edematous and he then first consulted a physician. He was found to have dilatation of the heart, a slight aortic murmur, atheroma to a moderate extent of the peripheral arteries and interstitial nephritis. His symptoms underwent no material change up to September, when I first saw him. As time went on he grew feebler, thinner and mentally depressed. He had little appetite for food or drink. He was often sleepless. About the middle of October he was too feeble to walk, and rarely slept more than an hour at a time. At night he was tormented by hallucinations which were very persistent. At this time Cheyne-Stokes respiration first manifested itself. The rhythmically increasing and diminishing respiratory movements with short pauses were very noticeable. The periods of apnea were short and the periods of dyspnea were not severe. The pulse was quite regular and was kept at about eighty-five by strophanthus. The pupils showed no change in size and there was no hebétude during apnea.

Cheyne-Stokes respiration was not constant at this time. It lasted for several days, and disappeared only to reappear from time to time for a few hours or days. Occasionally apnea was almost wanting, and even at the height of dyspnea the respiratory movements were not labored.

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