

the remedy was readily taken, that its immediate effects were by no means unpleasant, and that the treatment did not leave them prostrated.—*Maryland Med. Journal*.

GLOSSO-LABIAL PARALYSIS.—Modern thought and research drift more and more to the position that the affection described by Duchenne as glosso-labial paralysis, and long supposed to be distinct, ought to be stricken from the list of diseases. In its typical form it is certainly only a localized chronic poliomyelitis, a mere variety of chronic muscular atrophy, in which the gray portion of the upper segment of the spinal cord—i. e., the medulla oblongata—is especially attacked. It may exist by itself, or it may be associated with symptoms of palsy, due to poliomyelitis, in other parts of the body. In the latter case the medulla may be the first part of the cord invaded, the disease extending downwards, or the lesion may progress upwards and the medulla show the latest change. In a very interesting case recently shown at the clinic of Prof. H. C. Wood, the first symptoms were perceived by the patient in the mouth region, and subsequently the cervical cord became profoundly affected.

To grant these labio-glossal paralyses a separate state in our classification of disease would logically require similar treatment for cases of progressive muscular atrophy in each part of the body, since any spinal region may be attacked alone or separately.

The absurdity of the present separation of glosso-labial palsy is further shown by the circumstance that we may have such paralysis due to various apoplexies, brain-tumours, and other coarse cerebral lesions, and, to be logical, we should also isolate as a distinct disease cerebral glosso-labial paralysis.

In No. 20, *Archives de Neurologie*, is an important paper upon such an affection, by Dr. F. Raymond, in which illustrative cases are cited. The symptoms may, in case the lesion is a tumor, or other progressive alteration of brain-tissue, develop slowly, but they usually come on suddenly, because they are usually the result of clot or other apoplectic lesion, and, while they may develop alone, they are usually associated with other consentaneous palsies. Whether the manifestations come on slowly or rapidly, the cases are to be distinguished from those of medulla-disease by the absence of atrophic changes in the muscles affected, and by the preservation of the normal electrical reactions. The symptoms are stationary or progressive, as the case may be, *pari passu* with the cerebral lesion. The latter is either cortical or in the white matter. The general localization of the lesion of the white matter is in the lenticular nucleus or the external capsule, or sometimes in the internal capsule or peduncle. The foot of the ascend-

ing frontal convolution is stated to be the position in which cortical lesions cause the glosso-labial palsies.—*Medical Times*.

CHRONIC BRIGHT'S DISEASE.—Dr. Hiram Corson, Conshohocken, Pa., in a recent communication to the *Medical Times*, says: That a farmer, 46 years of age, complained for several months of ailments not uncommon in the beginning of Bright's disease, and finally sent for a physician, who finding his urine to be very albuminous, put him under the use of the various medicines recommended in that affection. Months passed; the limbs began to swell, and the anasarca was over the whole body. All the usual remedies of the day were applied, but with only the effect of temporary relief at times, to be followed by aggravation of the symptoms. When he was in this deplorable condition I remembered case upon case seen forty or fifty years ago, much like this, and proposed that we try the old plan. So we began to give, in pills, one grain of calomel, one of digitalis, and one of squill, three times a day, morphia or chloral, one or both, at night, to relieve oppression and induce sleep. Day after day we went on for two weeks, before the breath announced that the system was effected by the calomel, and all this time there had been no perceptible change save an increase in quantity of urine. But then all the symptoms showed an amelioration. The medicine was then used or omitted as seemed indicated. The object was to keep the system moderately under the influence of the mercury (what an awful word!) but not to push it to heavy salivation (another awful word!) From that time, every day showed an improvement—a rapid improvement—in the symptoms. Now, that is just what I will do for the first advanced case of Bright's disease that may come under my care.

HÆMORRHOIDS OPERATED ON WHEN INFLAMED.—Before the Kentucky State Medical Society at its recent session, held at Bowling Green, Prof. J. M. Mathews, of Louisville, addressing himself to this question, said:

"From a variety of causes, piles are liable to become inflamed, and once inflamed, they may easily become strangulated by passage below the sphincter. Everything is aggravated in this condition and it may take some weeks to quiet the trouble. It has occurred to me, why not operate upon and get rid of them at once? There is no authority that says "operate upon a pile during the inflamed state," but they will tell you to apply treatment to reduce the inflammation. I want to state one or two cases. A few weeks ago, I was called to a lawyer who was in this condition. The family physician in attendance had tried in vain to quiet inflammatory action, for two or three weeks. I found, hanging down from the anus, two solid