

sleep. Sleep, however, did not come; on the contrary, he did not even become drowsy. Having lain awake till midnight, and not feeling sleepy at that hour, he took, as nearly as he could tell, about *one teaspoonful* of laudanum. He went to bed again, and remained awake till three o'clock. Sleep lasted only four hours. Following this was headache.

I have often had my attention called to the fact that cocaine will keep patients awake at night, when the drug is administered late in the day, but I did not know that 20 grains of chloral and a teaspoonful of laudanum would not overcome "cocaine wakefulness."—J. W. STRICKLER, M.D., in *Medical Record*.

The Diagnosis of Croupous Pneumonia in Infants.—Federici (*Arch. Ital. di Clin. Med.*, September 30th, 1893) states that the urine should be examined in all cases of obscure febrile affections in children with the view of determining the presence or absence of chlorides and peptone. The presence of peptones and the absence of chlorides justify, he states, the diagnosis of croupous pneumonia.

Tumour of the Restiform Body.—Brissaud (*Progres Med.*, January 20th), in a lecture recently delivered at the Salpetriere, discussed a case in which the diagnosis of tumour of the restiform body has been confirmed by a necropsy. A woman, aged 45, had for eight years suffered from general feebleness, headache, rachialgia, vertigo, and incapacity for work, and was at first mistaken to be a case of neurasthenia. In 1885 slowly progressive deafness on the left side commenced; a year later her sight began to be indistinct on both sides, but chiefly on the right, and a year later still she became the subject of paroxysmal non-painful attacks of facial spasm on the left side. In 1891 vague symptoms of asthenia presented themselves, with weakness in the legs, stiffness and pain in the neck, and complete loss of the sense of smell. Last year the headache, which had been relatively tolerable before, became excessively violent; in July œdema of the legs and inability to pass water were noticed, and in August she commenced to have difficulty in walking, the attitude and gait being characteristic of a person the subject of cerebellar

disease. Sensibility to touch, pain, and temperature was intact. The amblyopia was due to double optic neuritis. There was an excessive secretion of saliva. The tumour was localized as situated in the region of the left restiform body, at the point where the external root of the auditory nerve would be seriously altered or destroyed, while the internal root would be relatively free, in which position it was found at the necropsy.—*British Medical Journal*.

Bismuth in Gastric Disease.—Matthes (*Centralbl. f. inn. Med.*, January 6th, 1894) has investigated, both experimentally and clinically, Fleiner's method of treating irritative diseases of the stomach with large doses of bismuth. The results of the treatment were very successful, especially in lessening pain. From experiments on dogs, the author shows that ten to twenty minutes after ingestion the bismuth sinks to the lowest part of the stomach, whereas several hours later it is found spread over and fixed to the stomach wall, being intimately mixed with mucus. Even with a full stomach a large part is also found similarly deposited. Against the action of chemical agents on the stomach wall this deposit of bismuth is most resistant. In men shortly after the ingestion of bismuth, the water used for washing out the stomach returns clear, but if later the stomach contents be expressed, bismuth with mucus is removed. Experimentally bismuth is shown to increase the secretion of mucus. To determine the action of bismuth in cases of erosion, etc., of the stomach, defects were made experimentally in dogs in the stomach mucous membrane and bismuth was then administered. In some experiments nothing particular in regard to the defect could be made out. In two experiments, however, positive results were obtained. In one an adherent crust was found acting as a protection to the defect. Sections taken from both cases showed healing ulcers. In the case of the crust, crystals were found in the granulation tissue, and proved both morphologically and by a colour test to be bismuth crystals. No symptoms of bismuth poisoning occurred. Experiments thus show that bismuth adheres to the defect in the stomach wall, and that healing may take place under a crust so formed. This crust is not always found, but its occurrence once shows the possibility of it. Comparison with control animals