

aptitude is lost, temper changed, and sleep is restless and broken. The organs of special sense are often more or less seriously affected, and the state of the spine will be found to be the cause of all these symptoms. The lesions when found are: 1st. Hemorrhage† within the spinal cord. 2nd. Laceration of the membranes of the cord and extravasation of the medullary substance. 3rd. Disintegration, and perhaps effusion and inflammatory softening of the cord. Hemorrhage of the spinal canal may occur. 1st. Between the vertebræ and dura mater. 2nd. Between the membranes and the cord. 3rd. In both situations.

*Diagnosis.*—There appear to be three morbid conditions for which concussion of the spine may be mistaken. They are:—1st. The secondary consequences of cerebral concussion. 2nd. Rheumatism. 3rd. Hysteria.

*Prognosis.*—"Concussion of the spine may prove fatal, first, at an early period, from the severity of the injury; secondly, at a more remote date, from inflammation of the cord and its membranes; and thirdly, after the lapse of several years, from the slow, certain and progressive structural changes in the cord and its membranes," due probably to inflammatory action of a very chronic character. As to recovery, two points are noticed. "First, the recovery from the primary and direct effects of the injury, and secondly, from the secondary and remote consequences of it." Recovery is said to take place more often and complete in concussion of the spine in the primary stage, and before the secondary stage is reached. This will apply more especially to young and healthy persons. "Ollivier makes the statement that it is rare to find inflammation of the spinal membranes limited to the vertebral canal, that we find at the same time a more or less intense cerebral meningitis, that they often complicate the case so as to render the diagnosis difficult, especially in the early stages." Partial recovery is not unusual in cases of severe and direct injury to the spine. Recovery up to a certain point takes place and remains stationary, beyond which they rarely get, as it is probable that structural lesions have taken place in the membranes if not in the cord. Erichsen says, (page 100), "I have never known a patient to recover completely and entirely so as to be in the same state

of health that he enjoyed before the accident, in whom the symptoms dependent on chronic inflammation of the cord and its membranes, and on their consecutive structural lesions had existed for twelve months; and Ollivier has observed that while such a patient may live fifteen or twenty years in a broken state of health, the probability is that he will die within three or four.

*Treatment.*—There is not much to be said in reference to treatment. Absolute rest in the prone position is of the utmost importance. This places the spine as the highest part of the body and pressure upon the injured parts is avoided, passive congestion prevented, and possibly bed-sores from loss of vitality, and what is of equal if not greater importance, after symptoms of shock have disappeared, the persistent and cautious application of cold water over the injured part, or any portion of the spine which is tender and painful. Blisters may also be applied with good effect in conjunction with cold water, or ice, if necessary.

## NOTES ON THE TREATMENT OF LUPUS

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I have recently had the opportunity of trying Volkmann's process of "Evidement" in the treatment of three cases of Lupus, a report of which may not be uninteresting to some of the readers of the LANCET.

CASE I. *Lupus Serpiginosus.*—A middle aged lady, multipara, complained of an obstinate disease of the skin of the face, which had troubled her for years. She enjoyed perfect health otherwise; her children also were robust, and free from any skin or glandular affections. On examining the face, I found the skin over the malar bone of the left side, as well as that over the inferior border of the orbit, paler than the surrounding integument, glistening, thin, and slightly depressed. A number of tubercles of the size of peas, some isolated, some confluent, and in part covered with crusts of a dirty yellow color, occupied the side of the nose of the same side. On removing the crusts, the granulations were of a livid red color, soft, friable, bleeding easily, and, on pressure, exuded a thin pus. The treatment consisted in the free application of a pointed stick of nitrate of silver to the diseased surface. By this means the granulations were easily

† Erichsen's Lectures, p. 38.