clusion he expresses his willingness to give any further information not contained in the report.

Dr Bray—I take exception to one remark in the report reflecting upon Mr. Bartlett's son in Windsor; I think it is unwise; if the Police Magistrate has any leanings against the Council it will be well not to further antagonize him.

Dr. Bray—I look upon the whole report of Mr. Webb's as not at all flattering to the Council, and if it is published as read it will certainly injure us.

The President—This report is not endorsed by the Council; we are not responsible for it; it is merely presented here.

On motion of Dr. Bray, the Council adjourns at 4.40 p.m., until 10 a.m., to-morrow morning (Wednesday, 15th June, 1892.)

(*To be continued.*)

Selected Articles.

IRREGULAR MANIFESTATIONS OF MALARIA.

From early times, clinical observers have been familiar with the fact that the malarial intoxication is manifested not only in the form of paroxysms of chills and fever, but also under that of various disturbances of the circulation, respiration, and digestion, possibly of nervous origin, and in motor and sensory disturbances of undoubtedly nervous character. An accurate knowledge of the subject, however, has by no means been widely diffused among the ranks of the profession, and prior to the discovery by Laveran and other observers of the characteristic hematozoa of malaria, the diagnosis of these cases has invariably been involved in more or less doubt and no little dispute. That "malaria is a cloak for ignorance" has long been a reproach made by the laity against physicians, and the statement undoubtedly contains an element of truth.

From many standpoints the lecture delivered by Professor Da Costa at the Pennsylvania Hospital, and reported in the *International Clinics* for October, 1891, is an important contribution to the subject of malarial paralysis. The diagnosis of the case there recorded was rendered absolutely indisputable, not only by reason of careful observation of the symptoms, and by the therapeutic test, but also by the discovery of characteristic parasites in the blood. Professor Da Costa lays great stress upon two facts of importance in diagnosis, namely, that there may be an intermittent paralysis which is not malarial, and secondly, that the manifestations of malarial paralysis are, in the majority of cases, far from being periodic. He distinguishes three forms: First, general paralysis or paraplegia, with irregular symptoms; secondly, the form in which periodicity is striking, which is more commonly hemiplegia; thirdly, the rarest form, that in which organic disease is produced by the malarial intoxication, and in which periodicity and variability are not prominent, the case running much the course of ordinary paralysis when produced by its usual causes. The last-mentioned form, commonly due to a lesion such as meningitis or hemorrhage, shows itself most often in the shape of a hemiplegia. It is not, strictly speaking, a malarial palsy, although malarial fever has brought it about. It is rather palsy in malarial disease.

In the treatment of malarial palsies quinine must be given in large doses, for "the malady will go on unchecked by small doses—nay, it may develop while these, or even while what are generally considered as sufficient doses, are being employed."

In addition to the palsy of the extremities in the case reported by Da Costa, interesting ocular lesions were found, the details of which have been published in full, with charts, by Dr. Harlan, in the *Transactions of the American Ophthalmological Society*, vol. V, 1890. Headaches, impairment of memory, outbreaks of hallucinations and of maniacal delirium, characterized the progress of the disease. Notwithstanding all this, however, recovery was complete. "Eye symptoms, brain symptoms, all disorder seemed to melt away under the potency" of quinine, coincidently with the disappearance of the micro-organisms from the blood.

Less striking but more common than cases of the nature of that described by Professor Da Costa, are malarial neuralgias, especially supra-orbital and infra-orbital. In these cases the manifestations are sometimes, but not invariably, periodic; and the pain, obstinately resistant to ordinary anodyne and nervine medication, rapidly disappears under the influence of quinine; but, as in the cases of palsy, the drug must be given in large doses: ten grains on going to bed, and from ten to fifteen grains upon rising in the morning, repeated for two or three days, have absolutely and permanently cured cases that have resisted not only ordinary treatment, but even long courses of what the elder Gross used to call "piddling doses" of quinine.—*Ed. in Med. News.*

For chronic rheumatism Whitla (*Med. News*) suggests:—

℞.—Sodii iodidi . . . ʒ ij.
Sodii bicarbonatis . . ʒ iv.
Potassii bicarbonatis . ℥ j.
Liquor. potassii arsenitis f ʒ iss.
Decoct. sarsaparillæ comp. ad f ℥ xx. M.

Sig.—A tablespoonful in a considerable amount of water, three times a day, after meals.