

several successive weeks in drachm doses. Of the temporary paralysis, and weakening of sexual desire and power, which are said to follow upon the administration of large doses of bromide of potassium, I have seen nothing. I should wish to try this remedy in the treatment of the restlessness of delirium tremens, but have not had the opportunity since I have become acquainted with its action upon the nervous system.—*Lancet*.

GASTRALGIA,

AN INITIAL SYMPTOM OF CARIES OF THE VERTEBRÆ.

BY BENJAMIN LEE, M.D.

My attention has been so frequently called of late upon an important, early, and characteristic symptom of spinal caries, that I feel at liberty to claim for it a more careful consideration on the part of the profession than, I am convinced, it has heretofore received.

I refer to acute, paroxysmal, and often excruciating pain. This pain originates in the majority of instances at the epigastrium, less often at the umbilicus, or between these two regions, and in the smallest number of cases in one side or the other. It is almost invariably the first symptom of commencing caries, or perhaps I should more correctly say, of the inflammation, whether of the intervertebral cartilage or of the periosteum, which precedes the caries. Unhappily our pathology is not yet sufficiently advanced to enable us to say with confidence what the first organic change is. Whether the disease have a traumatic origin in a perfectly healthy system or is the result of a vice of constitution, the fact is still the same, that in nine cases out of ten it is ushered in by long continued and repeated attacks of gastralgia.

The point at which the disease is situated exerts a modifying influence, the middle dorsal being the region in which the affection is most characteristic and more apt to be confined to the epigastrium; but at no point is there entire immunity.

This pain does not take its starting-point at the seat of disease and radiate towards the anterior surface of the body, but, as I have stated, originates in front. The length of time during which the patient suffers from it before the ulcerative process has destroyed enough of the substance of the bone to produce actual and unmistakable deformity is variable; but it has been noticed not unfrequently in months, and in some rare instances an entire year previous.

So constant is this phenomenon, that out of nearly a hundred cases which I have examined during the past year, I do not think that half a dozen failed to present it; and in some of these there was an entire absence of constitutional symptoms; for, strange to say, the disease may, in some instances, go on to produce very marked deformity, without apparently affecting the general health.

In view of this fact, I have with astonishment observed the complete silence of surgical works upon this point. Some of them, indeed, speak of pains taking their rise at the spine and radiating along the sides; but even these are not assigned their place of importance as the ushers of the disease.

For does the practising profession appear to be more familiar with the sign. Case after case presents itself with the almost stereotyped history of

the first stage: "doctored for worms," or "our family physician treated the case at first as inflammation of the bowels" (a mistake by the way, which when the disease is ushered in acutely with some febrile reaction, as may sometimes happen, is not singular), or the physician himself frankly admits that for a long time he supposed that he had to deal with simple gastralgia, or chronic gastritis, and administered his remedies accordingly.

Now, no man is to blame for at first taking the prominent symptom for the whole disease; but if the symptom persist, and resist the ordinary remedies, and especially if the pain be decidedly paroxysmal in its character, then let him look most anxiously for indications of spinal disease.

Pain in the glans penis attracts the attention of the physician, not to that point, but to the neck of the bladder as the seat of irritation. The surgeon who, at the present day, would permit a patient complaining of constant or frequent pain of the knee, to go without a careful examination of the condition of the hip-joint, would be considered in the highest degree culpable.

In the same manner, and as inevitably, should a persistent paroxysmal gastralgia draw the physician's mind, as by an instructive inference, to the spinal column as the focus of irritation.

Let us suppose the observer fully alive to this fact and on the alert. He is led to suspect the true cause of the suffering. What shall he look for to corroborate his suspicion? First, I say emphatically, not for pain or tenderness along the course of the spine, for if there is one law of this disease more fixed and unexceptionable than the positive one which I have been affirming, it is the negative one that its earlier stages are never accompanied by pain at the seat of disease, or tenderness on pressure over the spinous processes. If, therefore, the physician relies upon this, I believe universally admitted, sign, he will be disappointed in his investigation, and will lose precious time.

Lesions involving nervous centres express themselves often, perhaps usually, through the general system rather than locally. Let him, therefore, carefully scan the carriage and gait of his patient. If he turn the toes in, if he hold the trunk slightly bent forward, and rigid, as though apprehensive of a concussion or jar, if he refuse to bend the back in stooping to touch the floor, then there is undoubtedly mischief going on between some of the vertebrae. But he may not yet feel satisfied without some "ocular demonstration." Let him strip the patient's back, and place him in good light. Let him examine first laterally. If he find at any point, in the spine, an angle, not necessarily a projection, but simply an angle, in place of the normal curve, he has found the seat of disease. This failing, let him take the full view of the back. If there be a lateral deviation of the spine, and that deviation present not a curve but an angle, he has then an evidence of angular curvature (so called) of the spine, the early diagnosis and treatment of which may be of the utmost importance to his patient.

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CHLOROFORM LOCALLY IN NEURALGIA AND RHEUMATISM.—Dr. Dupuy de Frenelle, remarks that chloroform will vesiccate, when applied to the skin, if evaporation be prevented; and finds it, when thus employed, to be very efficacious in cases of neuralgia and rheumatism.—*Journal de Médecine*.