

quite flat, the wrists drop without there being the slightest power to raise them. Muscles of hand soft and flabby, the right arm and hand worse than the left, so that she cannot use them for feeling herself. The blue line on the gums well marked, and a distinct blue stain along the lower lip corresponding to the stained border of the gums. Slight œdema of eyelids. Ordered ten grains of iodide of potassium three times a day. Tested by galvanism. Faradization:—As much power as the patient can bear has a very slight effect upon the extensors of the thumb and not upon the other muscles. Continuous battery current:—Good and well-marked contraction of all the extensors by the twenty Daniell's cells. The continuous current ordered. Mr. Sandy finds the more efficient method to be by placing the fingers in water containing a little salt, the negative pole is placed in the water, and the positive pole gently stroked along the extensors. This causes contraction of the muscles and elevation of the wrist; when the poles are reversed the current and the effect are less.

April 17th. The continuous current has been used to the limb daily up to the present time, and the improvement has been marked though gradual. The blue line on the gums is much less. She is out of bed to-day for the first time. As the improvement has been going on, so the muscles have become susceptible to faradization, whereas they have required a larger amount of simple galvanism to affect them.

May 13th. Improved considerably; walks about. Is able to feed and dress herself. Can extend the wrist, and the arms are larger in bulk. Blue lines on gums and lips disappearing. On testing with faradization, there is marked contraction in the extensors, the hands being well lifted; this is more so in the left arm than the right, the right being always weaker and smaller.

In this case it may be remarked that besides a well-marked blue line along the edge of the lower gums there was a dark patch on the mucous membrane of the under lip, corresponding in position to that on the gums, but rather more defined and dotted. A question is always asked in the wards whether this mark on the lip is formed independently, or follows that on the gums from contact? The latter is the probable explanation.

In these cases of dropped wrist the back of the hand is often observed to be rounded, apparently from enlargement of the metacarpal bones, but due in all probability to some thickening of the theæ.

Case 5.—Plumbism treated with electric bath.—Wm. J., æt. 36, admitted under Dr. Wilks, July 17th, and left July 27th. He began to work at grinding lead nine months ago, and at the end of about five months commenced to feel ill, with loss of appetite, pains in his head and abdomen, and general debility. He continued at his work and daily grew worse; until a week ago, when he was obliged to desist, having pains in his limbs, sweating and inability to stand, and vomiting.

On admission: He was seen to be very pale and very thin, having evidently lost a great deal of flesh. Skin hot, tongue furred, marked blue lines on gums.

Constipation. Recti abdominis contracted and painful.

July 20th. Ordered an electric bath. This was made by Mr. Sandy as follows:—the bath being prepared, enough sulphuric acid was put into it to give it a slight acid taste (about $\frac{3}{4}$ iv), the negative pole of the battery, attached to a large sheet of copper about two and a half feet square, was put upright in the bath and the patient placed in it so as not to touch the copper plate; the hand of the patient was held out of the water and in it he held the positive pole. Fifty and eighty cells were tried, but when the current was applied to the neck instead of the hand the patient could not bear more than fifty cells. On marking and breaking contact the patient felt a kind of thud through the whole of the body. A bath lined with glazed tiles was used.

The patient used the bath again on the 24th and a third time on the 25th. He said he felt very cold after it. He always had his bowels relieved immediately after it. On each occasion he felt better, and on the 27th he was so much improved that he went out.—*Guy's Hospital Reports*, vol. xviii., 1873, p. 148.

ON OVARALGIA.

By Dr. T. CLIFFORD ALLBUTT, Physician to the Leeds General Infirmary.

If gastralgia be mistaken for dyspepsia, far more commonly is ovaralgia misunderstood. Indeed, the existence of ovaralgia, as I understand it, is by no means familiarly known to the profession.

The irritable uterus of Gooch was, and perhaps is, a phenomenon of which few medical men would be called ignorant; but I am sure that it is a very different thing to the ovaralgia of which I have seen many marked examples. I cannot say that uterine neuralgia is an ailment which has come very prominently before me, though, as all our experience is accidental, it may well be common for all that. Women, however, in my experience such as it is, complain to physicians far more often of unilateral pains and pains which are evidently periuterine, than of pains which are actually seated in the womb itself. For it is not quite accurate to give the name neuralgia to those uterine pains and irritations which accompany other disorders of that viscus. All the uneasiness and misery which result from displacements and from local diseases, such as ulcers or tumours, must of course be eliminated. Cases of irritable uterus, again, cannot be called cases of neuralgia proper, for in almost all of them there is also some menstrual disorder, or the pain attends the normal menstruation, when the necessary congestion burdens and irritates the hyper-æsthetic tissue. In this view I am supported by the valuable opinion of Dr. Handfield Jones, and he will, I think, wish with me to preserve a distinction between hyper-æsthesia and neuralgia. In my selection on gastralgia I have spoken likewise of gastric hyper-æsthesia as occasionally implicating gastralgia, but it is not gastralgia; on the contrary, I have notes of many interesting cases of pure gastric hyper-æsthesia