

rarely of the leg, of the arm and leg, or arm and face. When monoplegias exist, and their intra-cerebral origin has been established, they point, not with absolute certainty, but with great probability, to cortical lesion; though their precise form and development does not at all indicate this origin.

16, 17. Certain motor phenomena, as convulsions limited to certain muscular regions, and connected later with paralysis of the parts, are of great diagnostic value. They indicate with a high degree of probability the existence of cortical disease. In some cases, the clonic convulsions first make their appearance in paralyzed muscles, and in such the presence of a cortical lesion may be assumed.

18. In other cases the motor phenomena assume the character of an epileptic attack, but with this peculiarity, the spasms always begin in the same group of muscles. This form of convulsion always appears subsequent to a paralysis. It is presumptive evidence of cortical lesion. *

Lesions of the remaining portions of the brain cannot, according to Nothnagel's conclusions, be diagnosed with certainty.

INJECTION OF CHLOROFORM IN LUMBAGO.—B. W., a farmer, was attacked about the middle of March last with lumbago, by which he was confined to his bed eleven weeks. Had been treated during this time with tonics and counter-irritation, etc., without benefit. I found him, June 10th, lying upon the bed, unable to rise without assistance; severe pains in back and limbs while sitting.

I injected ten drops of chloroform in the lumbar region on the right side, giving great comfort. In three days after I injected fifteen drops more upon the left side. In ten days he was able to go about comfortably and slept well, whereas before he scarcely slept at all. He is now (July 12th) well, following his usual occupation.

The pain accompanying the injection was severe, lasting ten or fifteen minutes. For the relief of this a cold compress was applied over the parts for half an hour, with great benefit.

—W. A. Bradford, M. D., Butler, Ky., from *Louisville Medical News*.

A RARE CASE OF VASO-MOTOR NEUROSIS OF THE LOWER EXTREMITY.

At a late meeting of the Société Médicale des Hopitaux (*Gazette Hebdomadaire*, April 9, 1880), M. Straus read a paper on the following rare cases of vaso-motor neurosis of the lower extremity. A man, thirty-five years old, a business employé, entered the Tenon Hospital on the 19th of June, 1879, on account of rheumatic pains in the right shoulder and left foot. He had no fever, no cardiac complication; the pains lasted for eight days, and rapidly yielded to rest and salicylate of soda. The patient was considered convalescent, when M. Straus observed on the left lower extremity the following curious vaso-motor phenomena:

Even when the patient is lying down, the foot and toes of the left side are the seat of marked turgescence with obliteration of the course of the tendons and red coloration of the skin. To the touch, there is a noticeable increase of temperature, in comparison with the healthy side. This turgescence, which is in nowise painful, does not extend beyond the ankle. The articulations of the foot and tarsus are entirely free and painless. When the patient is sitting down, with the legs hanging, the swelling and coloration of the membrane increases, especially on the toes and front part of the foot, without extending beyond the instep. The standing position still further increases the symptom, which reaches its maximum when the patient has taken a few steps; then the foot and toes of the left side become violet, as if phlegmonous, and the veins become conspicuous under the skin. There is no trace of varicose veins.

Walking is very painful, and can only be done on the heel alone: the patient cannot wear his shoe on the left foot; there is no paresis, or atrophy of the muscles, which respond readily to electricity.

He says that on several occasions, during ten years of military service, after being fatigued, or after forced marches, he has felt pain and swelling in the left foot, which prevented him from walking for several days, or even weeks. He was under treatment for rheumatic pains, neuralgia, etc.