

checked by the douches—once in his own person, for Dr. Sokolowski was himself a patient at Gorbersdorf in 1873 and 1874, and made use of the douche. He remarks that both the profession and the public attach an undue importance to slight bleeding from the lungs. He has known a patient to lose ten pounds in weight in two or three days after a trifling loss of blood. Others became melancholic or mad. Others again fainted at the sight of a drop or so of blood. Only special forms are dangerous, such as the aneurismal, etc. The moral treatment is of vast importance in all cases. The cold douche will actually check some cases. Many hemorrhages from the lungs occur in the early morning with subnormal temperatures, and slow, small pulse. This *pulsus rarus et parvus* (sixty in his own case) is often the precursor of bleeding; doubtless due to congestion of lungs and weakness of heart. He has known a glass of wine and a walk check some hemorrhage. As to the kind of douche, he agrees with Braun, in his *Balneotherapie*, (Berlin, Ste Auflage, 1873, p. 249), that few things require more skilful control than the douche, and few are so dangerous as this in the hands of an enthusiast. The natural temperature of the water from the hills, used at Gorbersdorf, is from  $\delta + 4^{\circ}$  to  $+10^{\circ}$  Réaumur ( $41^{\circ}$  to  $54^{\circ}$  Fahrenheit), and this is used without modifying it for special cases. There is high natural pressure, owing to the height of the sources. Two kinds of douche are used, (a) the rose, or rain-douche, which spreads over the whole body, by falling like a shower from above; and (b) the jet-douche, which is either perpendicular or lateral. There is a special chamber. The medical attendant, on hearing the patient's name, turns on the appropriate tap. It is generally applied between 8 and 10 A.M., and at first only from four or five seconds. After the douche, the patient is rubbed vigorously, and then, if the weather permit, walks out, and climbs the hills; or, in bad weather, takes exercise in a long saloon for the purpose. Hardly any douche exceeds thirty seconds. The first, and sometimes other douches are followed in some cases by dyspnoea, or by violent palpitation. These symptoms sometimes depend on the time being too protracted. If they persist, along with weariness and general weakness, it is better to leave off the douches. Headache may be sometimes avoided by protecting the head. Stabbing pains, with violent cough and expectoration, are met with in a few cases. Brisk rubbing with a towel dipped in rather cold water ( $50^{\circ}$  to  $59^{\circ}$  F.) may be substituted for the douche with great advantage, particularly in the winter. Rubbing with a dry towel succeeds this. The whole affair must not exceed five minutes. Hectic is considered to contraindicate both these and the douche. The same remarks generally applies to night-sweats.

#### PARENCHYMATOUS INJECTION OF ERGOTINE.

Dr. L. Collins, of Guilford, Ind., in *The Clinic*, speaks favorably of injecting a solution of ergotine into the tissue of the cervix in cases of subinvolution of the uterus and chronic engorgement of the neck of the organ. He uses a needle about four and a half inches long, attached to a hypodermic syringe; operates through a common glass speculum, first producing local anæsthesia by placing a pledget of cotton, saturated with chloroform, against the os, and throws into the cervical tissue a solution containing two or two and a half grains of Squibb's ergotine. The injections were repeated every six days. Very little local irritation is said to follow—and the pain, if any exists, soon assumes an intermittent character.

#### DISEASES OF THE NERVOUS SYSTEM.

*A Lecture Delivered at Bellevue Hospital Medical College,*

By C. E. BROWN-SÉQUARD, M.D.

Effect produced when brain disease strikes at the origin of nerves—Diagnosis of hemiplegia—Distinction between disease of one-half of the spinal cord and disease at the base of the brain—New symptom—Effect upon temperature, etc.—Zone of anæsthesia—Disturbances of other organs; kidneys, heart, lungs, etc.—Absence of convulsions in disease of the pons varolii—Diagnosis of disease of the crus cerebellum—Paralysis a constant symptom of brain disease.

(Reported for *The N. Y. Medical Record*.)

Gentlemen:—At the last lecture I referred to a number of cases, with the purpose of showing that any lesion in the side of the brain can produce the greatest variety of forms of paralysis—the greatest variety as regards the extent, the degree, and the persistence of paralysis. This, of course, has led a number of you to think it to be extremely difficult to make a diagnosis of the locality in the brain of the disease which produces paralysis. No doubt, it is extremely difficult, but as you will see, from what I shall say to-day, there are features which can lead to diagnosis of locality of lesion, even when what we observe is entirely in opposition to the views which are generally accepted.

But before I speak to you of those facts which lead to diagnosis of the seat of the disease that has produced the paralysis—the symptoms of the disease—I have a few words more to say upon a point which escaped notice in the previous lectures. It is this; the theory published by Dr. Broadbent has been put forth with the view of explaining certain difficulties which we find as regards the seat of paralysis. As I told