

second year of its existence—February 18, 1891, to August 18, 1891. During this time 415 persons, having been bitten by dogs, cats, and other animals, applied for treatment. These patients may be divided in two categories:

1st. In the case of 345 of these persons it was demonstrated that the animals attacking them were not mad, consequently the patients were sent back, after having had their wounds attended to during the proper length of time.

2nd. In 70 cases the anti-hydrophobic treatment was applied, hydrophobia of the animals inflicting bites having been evidenced clinically, or by inoculation at the laboratory, and in many cases by the death of some other persons or animals bitten by the same dogs. Indigents have been treated free of charge.

The persons treated were: 17 from New York, 16 from New Jersey, 11 from Massachusetts, 5 from South Carolina, 5 from Texas, 3 from Connecticut, 2 from Maryland, 2 from Missouri, 1 from Ohio, 1 from North Carolina, 1 from Michigan, 1 from Pennsylvania, 1 from Rhode Island, 1 from Arkansas, 1 from Virginia, 1 from Mexico, 1 from West Indies (Curaçoa).

Deaths by hydrophobia after treatment.—Miram Adams, 5 years old, of South Farmingham, Mass., badly bitten July 14th last in nineteen places by a dog recognized to be mad. Treated July 15th to August 1st. Symptoms of hydrophobia appeared six days later (Aug. 6th). Died Aug. 9th.

Three other persons—two, sisters of the patient—and a man, bitten by the same dog, who received the same course of treatment, are now enjoying good health.

This, so far, is the only death by hydrophobia out of the 255 cases treated at this Institute to date.

BELL'S PARALYSIS.—We have been so cock-sure regarding the pathology of facial paralysis and the theory fits the foramen so nicely that the following (*Lancet*) is rather a cooler: Professor Minkowski, of Strassburg, has made an important contribution to this subject. Cases of Bell's paralysis are common enough, but it is not often that an opportunity occurs of examining the abnormal nerve. The clinical history of the case was the usual one. The attack came on after exposure to

cold, and when the patient was last seen there was well-marked reaction of degeneration, but there were indications of commencing return of voluntary power. The patient died by misadventure, and the result of the examination of the nerve is somewhat surprising. There was no difficulty in removing the nerve, no appearance of inflammatory compression in the bony canal, and the nerve coverings were quite normal in appearance. In the peripheral branches of the nerve nearly all the fibres examined were in an advanced stage of degeneration. Here and there were newly formed nerve fibres and others in process of regeneration. In the other branches besides those degenerated fibres were numerous well-formed normal fibres. Above the nerve to the stapedius the number of degenerated fibres gradually decreased, and at the geniculate ganglion the degeneration ceased entirely. In the superficial petrosal there were only isolated degenerated fibres, and this was the case in the nerve to the stapedius. No change was found in the fibres of this muscle. It will thus be seen that there was present no evidence of inflammatory action. The appearances seem rather to point to a change starting from the periphery, and the author suggests that this may be of the nature of a degenerating neuritis, the direct result of cold.

TREATMENT OF SPRAINS.—Dr. N. W. Cady in a recent number of the *Medical Record* writes:—A recent number of the *Record* promises fame to the man who gives an unfailing remedy for sprains. Here it is in two words: A half hour's douching with water at a temperature of 120 degrees F., and the fixation of the joint by a splint on the flexor side of the joint, or upon the extensor side, if that be more convenient. For example, in a case of ankle sprain, after a half hour's steady douching with hot water at 120 degrees F., I prepare an anterior splint of ten to sixteen layers of mosquito bar, which is thoroughly filled by immersion in wet plaster of Paris. This is trimmed by spreading it on a board and cutting to shape with a knife. The length may be thirteen to sixteen inches, breadth four to six inches. Where the splint passes over the instep the edges on each side are folded over to make the splint narrower and thicker. A layer of cotton is then spread over the face of the splint and the splint is applied from