The fundamental conception, he says, would seem, then, to be that a meningitis, especially an ependymitis, may give rise to a simple serous effusion as well as a purulent one. It may occur at all ages, and trauma, mental strain, alcoholism, otitis media, and acute infectious diseases may be regarded as the chief causes. It may be acute or chronic,—the former simulating tubercular meningitis, while the latter is frequently confounded with the presence of a tumour. The morbid anatomy is mostly limited to the accumulation within the ventricles of clear fluid, containing little or no albumen or cellular elements, resulting sometimes in enormous distension of the ventricles, flattening of the convolutions, and obliteration of the sulci. The sudden development and the variability of tension, he says, are rendered intelligible by Quincke's analogy, where he likens the affection to angio-neurotic acute œdema of the skin.

Katatonia.—A paper read by Dr. F. Peterson, and based upon four examples of this disease, is reported in the *Journ. of Nerv. and Ment. Disease*, September, 1897. He pointed out how contradictory are the descriptions of the affection: some hold that it is a clinical entity, some describe it as a variety of melancholia, while others would term it as a form of alternating insanity, others yet again as a species of hysteria. His conclusions were—"(1) That katatonia is not a distinct form of insanity; (2) that it has no true cyclical character in its manifestations, and hence cannot be classed as a form of circular insanity; (3) it is simply a type of melancholia, and it is therefore not desirable to retain the name." Katatonic melancholia would be a conveniently descriptive term. Its prognosis, in his opinion, was graver than in any other form of melancholia.

THERAPEUTIC RETROSPECT.

By Dr. Harrington Sainsbury.

Spermin (Poehl's). Deutsche med. Wochenschr., October 7th, 1897. —Two cases of tabes, treated with injections of Poehl's spermin, are recorded by Dr. M. Werbitzky from Professor Popoff's Clinique in St. Petersburg. The first case is most typical of tabes. It occurred in a soldier of 60 years of age, and as a result of the injections, ten in all, very marked improvement set in. The improvement was noted in the gait and posture, as also in the pains, and in the skin perception of sensations—tactile, electric, and other. The second case, not so typical, received fourteen injections. In him it was noted that there was improvement in the sense of well-being, in the sensitiveness of the skin to stimuli of all kinds, in the ataxy, and in the muscular power. The amount of the injections is unfortunately not stated.

Anesine, a new substitute for Cocaine. Deutsch. med. Wochen-

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schr., September 2nd, 1897.—Dr. V. Vámossy draws attention to a new compound, trichlor-pseudo-butylalcohol, *alias* acetone-chloroform. He points out that whilst cocaine is of the greatest value as a local anæsthetic, it possesses general poisonous action, and local after-effects which are by no means desirable; hence the introduction of such substitutes as tropacocaine, eucaine, holocaine, but all these come very far behind cocaine as local benumbers, and, moreover, they are poisonous, though to a less extent. Of anesine Dr. Vámossy employs, as highest strength, a 1 to 2 per cent. solution, and this, from experiments upon animals, as also from results obtained by his colleagues in medicine, surgery, and dentistry, he finds to be a very decided anæsthetic. In degree of action it about corresponds with a 2 per cent. solution of cocaine, but it cannot compare with the higher solution strengths of cocaine on account of its own insolubility. In surgery the drug was employed always hypodermically, and in quantities which ranged between 1 to 10 Pravaz syringefuls of the above solution, yet in no case were any toxic symptoms observed. Its harmlessness is insisted upon also by the workers in the throat and nose department, also in the ophthalmic and dental departments. Among minor advantages it may be mentioned that anesine does not cause salivation when painted on the throat, an effect which often proves very troublesome when cocaine is used. Anesine may be obtained from the chemical manufactory of F. Hoffmann, La Roche, et Cie., in Bâle.

Kryofin. Deutsche med. Wochenschr., November 4th, 1897. Beilage.—Dr. Schreiber describes, under the above name, the characters and action of a new antipyretic and analgesic. In composition it is a benzene derivative, and it approaches closely to phenacetine in its composition; in place of the acetic grouping we have a corresponding one of methyl-glycollic acid.

Kryofin is soluble in 52 parts of boiling water, in 600 parts of cold water; it dissolves in alcohol, ether, chloroform, fixed oils, and in glycerine.

Upon animals the effects of kryofin in toxic dose are paralytic, and, in addition, the respiration and pulse rates are much reduced in frequency; the kidneys have not appeared to suffer. In man, though very large doses up to 80 grains were in general borne without unpleasant sensations, yet occasionally doses over 15 grains would cause a cyanosis, with retarded breathing and pulse rates, the effects lasting perhaps for hours.

The dosage recommended is 0·5—1 gramme; at the most 2 grammes (30 grains) were administered in the twenty-four hours.

As an antipyretic kryofin gave fairly definite results, but secondary effects were not wanting. In one case a profuse sweating, in another case severe collapse (both of these cases were of advanced phthisis). In other cases the patients would sometimes complain of feeling ill.

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Kryofin proved its powers in headaches, even in those of uræmia and of cerebral syphilis with periostitis, but it did not seem to possess any advantage over antipyrin.

On the whole, as far as present experiments have gone there seems to be no distinct reason why it should supersede antipyrin and phenacetine.

Phesin and Cosaprin.—Two new drugs, derivatives respectively of phenacetin and antifebrin, are reported under the above names by Drs. v. Vámossy and Fenyvessy in the *Therapeutisch. Monatsh.*, August, 1897. Their experience is at present confined to the action upon animals, but the drugs are upon trial clinically in some of the hospital wards in Budapest. At this stage of proceedings the investigators draw attention to the marked antipyretic action of both preparations, which action suggests that they might well be used as substitutes for phenacetin and antifebrin. They further point to the following advantages which the drugs present, viz.: (1) Their ready solubility, which permits of a readier administration by the mouth, and their use, if need be, hypodermically. (2) Their speedy action—they take effect very quickly. (3) Their relative innocuousness. As a disadvantage they state that the effect is relatively transitory; this, however, they suggest might be got over by a more frequent smaller dosage. Drugs of this class, as we know, combine antipyretic with analgesic effects, and they are mentioned here for this reason.

Lactophenin. Therap. Monatshefte, September, 1897.—Dr. Wefers reports a case of poisoning by lactophenin. A vigorous young lady received 7½ grains of lactophenin on account of headache (she had on previous occasions taken 12 grains of phenacetin with success, and without any bad effects); about twenty minutes afterwards she suddenly ceased speaking in the midst of conversation, looked bewildered, and grew very red in the face. She gave no immediate response when addressed, then said that she had experienced so severe an attack of giddiness that she could hardly keep upright; the pulse was quickened, intermittent, of moderate tension.

Graves' Disease, Treatment of. Wiener medizinische Wochenschr., 1897, September 4th, p. 1672.—At the Kongress für innere Medizin, held in Berlin in June of last year, Dr. Eulenburg, dealing with Graves' disease, drew attention to the symptomatic growth of this disease from that earlier stage when palpitation, thyroid enlargement, and exophthalmos summed up its clinical aspects. The addition of the eye symptoms of v. Graefe, Stellwag, and Moebius, of Marie's tremor, of the diminished resistance of the skin to the galvanic current, described first by Romain, Vigouroux, and Charcot, of the alimentary form of glycosuria, frequent, as shown by Chrostek, and lastly, of the large group of symptoms which belong to the neurasthenic or neurotic type,—these additions have served to build up a disease of considerable complexity.

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Three theories have arisen to explain the symptoms, viz. the hæmogenic, the nervous, and the thyroid secretion hypotheses. Not one of these covers the ground quite satisfactorily, and we find that methods of treatment based on each one of these theories, or on a combination of more than one, sometimes succeed, sometimes fail.

Thus the hæmogenic theory finds its corroboration in the admitted occasional success of tonics and of medicines regarded as builders up of the blood. Here also belong certain dietetic and climatic treatments (in particular prolonged stay at high altitudes, even during the winter); also hydropathic methods of cure.

The neurogenic theory is indicated by the value of electric treatment, and more recently by the success obtained by psychical methods.

The more modern "thyreogenic" theory has led up to thyrectomy and the use of thyroid preparations. Concerning these last, Dr. Eulenburg says that the best that can be said of the use of thyroid preparations is that if given *circumspectly* they do not appear to do harm. Of the operation of thyrectomy he says that, in spite of its laudation by many surgeons, it may in the great majority of cases be entirely dispensed with, and that it should be reserved for those cases which exceptionally threaten by their severe local effects.

Tuberculin TR. Preliminary reports on the use of Tuberculin TR., by Jaroslar Bukovsky. *Wiener medizinische Wochenschr.*, October 2nd, 1897.—The writer refers to nineteen cases of tuberculosis in all (lupus scrofuloderma, multiple tuberculosis, including one case of infiltration of one apex), treated with Koch's new tuberculin. The results obtained cannot be said to be very encouraging; true, sufficient time has not yet passed for a complete testing, but some positive observations have been made. Thus, in general, the effect upon the nutrition was unfavourable, a loss of weight being recorded in the majority of cases in spite of a full dietary,—a loss of eleven pounds occurred in one case. The local effects in superficial lesions did not exceed the local effects of the older form of tuberculin. As to immunity conferred by TR. the evidence was inconclusive, but in one case in which the course of TR. had been completed it was found that the patient gave a very marked reaction to small doses of the older tuberculin. And in another case, in which a lupous patient was about to be discharged, the tuberculous foci having all disappeared and given place to scar tissue, whilst still under the treatment with tuberculin TR., *a relapse took place in the scar tissue in the form of miliary foci.*

Schnabl. (*Wien. med. Wochenschr.*, October 16th, 1897) does not report favourably of the use of the new tuberculin; he records fever, loss of weight, and night sweats as apparently following upon the injections, and he was unable to reach the upper limits of Koch's doses, because of the impaired state of health.

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Disinfection of Dwelling-rooms and Larger Spaces.—This subject has an interest for all those who have to control large institutions into which, in spite of every care, infection is liable to find entrance. It will therefore commend itself to the superintendents of asylums. Dr. H. Aronson brings before us a new disinfectant in the shape of formalin. This in the solid form as pastilles is very portable, and by the aid of a suitable heating apparatus may be readily volatilised, and carried in the form of fumes to all parts of the chamber to be disinfected. The disinfectant has proved its powers upon staphylococci, streptococci, *Bacillus pyocyaneus*, typhoid and diphtheria bacilli, the bacilli of anthrax and of tubercle. With the very uncertain results which sulphur accomplishes, even when consumed in fullest quantity, we shall welcome this addition to our available list of disinfectants. Formalin has no damaging effect on clothes and furniture (consult *Zeitschr. f. Hyg. u. Infectionskr.*, Bd. xxv, quoted from *Wien. med. Wochenschr.*, October 23rd, 1897).

Treatment of Insomnia.—An interesting discussion upon this subject took place at the Montreal meeting of the British Medical Association last autumn (see *Brit. Med. Journ.*, October 2nd, 1897). The subject was dealt with from its medical and physiological aspects, German See's classification of insomnia being adopted by Professor C. K. Clarke, viz. 1, dolorous; 2, digestive; 3, cardiac and dyspnœal; 4, cerebro-spinal and neurotic; 5, psychic; 6, the insomnia of physical fatigue; 7, genito-urinary; 8, febrile; 9, toxic. He also adopted Howell's theory of sleep as due to—

(1) A diminution of cortical irritability, the result of fatigue.

(2) A voluntary withdrawal of sensory and mental stimuli in the preparations for sleep.

(3) A lowered blood-pressure within the cranium due to the dilatation of the vessels of the skin (Howell), or of those in the splanchnic area (Hill); this latter, *i. e.* the physiological basis of sleep, was discussed chiefly by Professor Webb Wilcox.

On all hands it was admitted that insomnia required very cautious and well-considered treatment, and that the recourse to drugs was the last step to be taken. Passing to the use of drugs, Professor Wilcox made special mention of pellotin, the alkaloid derived from the *Anhalonium Williamsii*, a species of cactus found in Mexico. The dose of the chloride of pellotin, a very soluble salt, given hypodermically, is, according to Pilcz, $\frac{1}{3}$ gr.; according to Jolly the dose may be raised with advantage to one grain. Few by-effects have been recorded, but these include heaviness of head, giddiness, some slowing of the pulse, and sometimes restlessness before the drug takes effect. After-effects seem to be lacking at present, and the sleep obtained is said to be very refreshing.

Professor Wilcox, after a survey of the list of hypnotics at our disposal, summed up in favour of four, viz. paraldehyde, chloral-

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amide, pellotin, trional. He places them in the above order of *potency*. Judged by *rapidity* of action he ranges them thus: pellotin, paraldehyde, chloralamide, trional; by *duration* of effect thus: trional, chloralamide, pellotin, paraldehyde; by *habituation* thus: pellotin (slight), trional, chloralamide, paraldehyde; by *safety* thus: chloralamide, pellotin, paraldehyde, trional.

McPhedran, of Toronto, dwelt rather upon the dangers resulting from the use of hypnotics, but he mentioned paraldehyde as a comparatively safe drug.

Dr. Ferguson, of the Western University, commenting on bromides as drugs which permit sleep rather than enforce it, confesses his belief in the superior virtues of the potassium salt, the comparative depressant effect of which, as taught, he holds to be theoretic, and not to obtain for ordinary doses.

Donald MacAlister, of Cambridge, referred to his experience in the treatment of insomnia among young students of both sexes, and urged the importance of the air-bath, also of a modification of the cold pack or drip sheet, and such like measures. Where these failed he said stimulation rather than sedative action was often called for, and that strychnine was often of great value in such cases, $\frac{1}{40}$—$\frac{1}{20}$ grain of the hydrochlorate at bedtime being often an efficient hypnotic. Occasionally a cup of strong coffee would serve. The only other drug used regularly in the treatment of this class of insomnia was sulphate of magnesium. If his hand was forced, Dr. MacAlister had recourse to the bromides or to chloralamide, which he very carefully did not *prescribe* in writing.

Dr. Learned, of Northampton, Mass., described a series of postures to be assumed in regular sequence in bed, horâ somni. The postures were such as to involve considerable fatigue to the muscles used in maintaining the positions, and they were accompanied by a slow regular breathing of six or eight respirations per minute. Each enforced posture would last during ten to twenty respirations. In his method the slow, regular counting of the respirations formed one factor, upon which he laid stress, mind and muscle both contributing towards the result; he also insisted upon there being no intervals, no vacations between the postures assumed. The value of Dr. Learned's contribution is that it has received the sanction of his own experience.

Dr. Whitla thought the danger of chloral had been much exaggerated, and he urged, rightly, that it was fallacious to compare its statistics on a vast scale with the statistics of the more recent and insufficiently tried drugs. Alcohol in his opinion was perhaps the best of all hypnotics but for its habit-danger.

Dr. Leech, the president, summed up an interesting discussion.

Scopolamine as a Calmative in Insanity.—Much confusion has existed and still exists in the nomenclature of the alkaloids of the group Atropaceæ, which includes the important drugs belladonna-hyoscyamus, stramonium. Having become familiar with the alka-

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loid hyoscine, from *Hyoscyamus niger*, we have recently been taught that its proper name should be scopolamine, the name being derived from the *Scopola carniolica*, native of Austria, from which this alkaloid is also obtainable. The question is not of very serious import, for, as Martindale and Westcott state, it is "from a therapeutic point of view an alteration of name" only. Accepting the newer nomenclature, we learn that Dr. S. Tomasini has recently employed the hydrobromate and sulphate of scopolamine with equally good results as sedatives in maniacal cases and periodical insanity. He injects the salts hypodermically in doses of $\frac{1}{250}$—$\frac{1}{64}$ grain. The injections were not painful, nor did they give rise to any local reaction. Marked dilatation of the pupils occurred after the injections, but no nausea or other toxic effect is mentioned; the sleep which was obtained is stated to have been quiet and physiological in character. A drawback is to be noted in the readiness with which habituation obtains, the dosage calling for rapid increase.—(*Amer. Journ. of Med. Sci.*, September, 1897, from the *Riforma medica.*)

The Wet Pack in the Insomnia of Neurasthenics.—Dr. G. Richard recommends a modification of the ordinary wet pack in the shape of flannel roller bandages, which are dipped in water before bandaging. The application of a double spica to neck and shoulders and thighs, with the plain spiral to the thorax and abdomen, is, however, a complicated proceeding when compared with such measures as the drip sheet or the plain pack; and though doubtless good results are obtainable by this method, are these in any way better than those obtained by a simpler procedure? According to Dr. Weir Mitchell the "drip sheet" of hydropathic establishments (which is something quite different from the wet sheet pack) is a remedy past praise in many forms of insomnia, and there is no doubt that we do not in general utilise to their full the virtues of water applications in the treatment of this most obstinate affection, the sleeplessness of the neurasthenic. Dr. Richard records his experience in the *Revue Thérapeutique*, No. 6, 1897. (See *Amer. Journ. of Med. Science*, September, 1897.)

FRENCH RETROSPECT.

By Dr. Macevoy.

Note on a Case of Epileptic Jaundice.—Féré believes, judging from the dearth of references to it in medical literature, and reviewing his own extensive experience, that the occurrence of jaundice after epileptic attacks is rare, and therefore records a case which he has observed in "Le Progrès Médical" (1897, No. 24).

Mdme. B—, aged 49 years, of a "nervous" family, had eclampsia during her first confinement at the age of twenty-one years, and began to suffer from epileptic fits at the age of forty-seven years.

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