marked on the left side of the face, the difference being most evident on the forehead. The hands were equally moist. Five minutes after, the perspiration became marked; we wiped the face, and after this, both sides of the face sweated equally.

On August 13th one-half grain of pilocarpine was injected under the skin of the left arm, noting previously that the left forehead was moist, the right dry. Both sides of the face became equally flushed. The left side of the body sweated much more than the right. One-hundredth grain of atropine was then injected under the skin of the right arm. In five minutes the left side still perspired freely; in fifteen minutes the sweating had entirely ceased.

On August 18th one-third grain of pilocarpine was injected into the right arm, and the right side of the face and the right arm perspired more than the corresponding parts of the left side.

On September 6th one-half of a grain of the alkaloid was injected into the left arm. She perspired on the left side, but, strange to say, this large dose caused no perspiration on the right side, and not excessive sweating on the left side. It lasted only thirteen minutes. As we have already stated, the pilocarpine quite cured this woman of unilateral sweating.

In order to ascertain if the unilateral sweating was due to some affection of the vaso-motor nerves inducing an increased supply of blood to the sweat-glands on the left half of the body, on four occasions nitrite of amyl was administered by inhalation in sufficient dose to flush the face strongly. On each occasion the face flushed equally on both sides, and in one instance only did the inhalation cause slight perspiration, and this was equal on both sides of the face; the left cheek, the left temple, the left half of forehead, felt during the flush much cooler than the opposite parts, whilst the patient averred that the left side felt to her hotter than the right.

20. Pathology of Herpes Zoster.—O. RIESEL (Deutsche Med. Wochenschrift, No. 23, 1876, and Centralblatt für die Med. Wissenschaft, No. 36) describes a case which, he thinks, tends to disprove Bähr’s theory of the origin of herpes zoster from trophic nerve-disturbance. After extirpation of the left mamma in a somewhat anemic woman aged 36, the left arm of the patient was laid upon a horseshoe cushion in such a manner that pressure was made a finger-breath above the inner condyle. The next day pain was experienced on the volar side of the forearm, and the day following a great number of infiltrations, which became transformed into the efflorescence of herpes a few days later. The further course of the disease was normal. Riesel refers to the fact that the injury affected almost exclusively the trunk of one of the principal nerves, just after its passage through the fascia into the subcutaneous connective tissue, and that, as in Bohn’s cases, a brief and trifling injury produced the eruption. The author shows analogies between this case and those of traumatic paralysis following pressure upon or bruising of motor nerves, particularly in the arm. In contusion of nerve-trunks, according to Erb, the inflammation excited in the neurilemma is transmitted along the course of the nerve, until it reaches its finest twigs and even the muscles. In a similar manner, Riesel assumes in the case of herpes zoster an inflammation carried from the seat of injury to that of the eruption in the line of the nerve.—London Med. Record, Feb. 15, 1877.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

21. Acute Traumatic Tetanus treated successfully with Chloral injected hypodermically.—Mr. J. H. SALTER records (Practitioner, Dec. 1876) the details of a case of acute traumatic tetanus, resulting in recovery under the treatment of repeated hypodermic injections of chloral, which he believes to be the first case treated successfully by this method.
The disease resulted from a wound received during a fit of drunkenness, and followed by exposure to unusual cold, in a subject debilitated by habits of intoxication and low in the standard of intellectual development.

The treatment consisted in wearing out the acute character of the disease by the continued exhibition of the drug; neutralizing the tetanic poison so to speak, as fast as it was secreted: or, in other words, depolarizing the nervous centres excessively charged by the morbid processes of the disease.

22. **Tying the Common Carotid in Tic Douloureux.**—Prof. Patruban, at the latter end of last year, read a paper to the Vienna Medical Society, relating several cases in which he has tied the common carotid for the relief of obstinate facial neuralgia. This has subsequently been published in the *Allg. Wien. Med. Zeit.*, 1876, Nos. 48 to 50.

1. A strong, industrious girl, whose age is not given, who had always enjoyed good health, came under Prof. Patruban’s care after all the various remedies for a severe diffuse neuralgia of the first and second branches of the fifth pair had been tried in vain. There was much visible local hyperaemia and excessive hyperaesthesia; and, on the occurrence of the paroxysms, violent pulsations were felt in all the arteries that were accessible. As the attacks continued to increase in duration and intensity, the common carotid was tied, on the strength of the success which had been obtained in other cases. From the moment the patient awoke from the effects of the anaesthetic to the present time (now six years) she has had no recurrence, while all hyperaemia has disappeared.

2. A woman, sixty-three years of age, was seized with the most intense pain in the whole range of teeth on the right side, no relief following their extraction. After all the most reputed remedies had been tried, neurectomy of the infra-orbital nerve was performed, with the effect of completely relieving the pain for nine months. After that period the neuralgia recurred, affecting the supra-orbital and infra-maxillary nerves of the same side. The common carotid was tied, and the pains disappeared for four entire years. A relapse then occurred, but in a very mild form, so that hypodermic injections sufficed to relieve the pains. The neuralgia, however, became associated with great local hyperaemia, especially affecting the mucous membrane of the mouth, and requiring for its relief deep scarifications, which gave discharge to an abundance of blood.

3. An intelligent man, aged forty-one, underwent neurectomy of the infra-orbital nerve for severe neuralgia. Obtaining relief only for eight months, the carotid was tied. The immediate result was, as usual, remarkable; but at the end of eight months another relapse occurred. Chloral was given with good effect to relieve the pains; but the patient, emboldened by its use, on one occasion took three drachms, with the result of producing all the symptoms of poisoning. The symptoms immediately threatening life were warded off; but an ophthalmia, which set in with the commencement of the symptoms of poisoning, rapidly increased in severity, so that in sixteen hours the eyeball burst, discharging the vitreous body and lens, the patient only awakening to consciousness after thirty-six hours’ sleep. Attacks of neuralgic pains, which still sometimes recur, are kept under by hypodermic injections of morphia. It is interesting to observe that the paralysis of the nerves of the vessels, which in recent times is regarded as the explanation of the athenic inflammation of the eyeball, and which was here doubtless due to the poisoning by chloral, occurred on the side on which the ligature of the carotid had given rise to permanent changes in the condition of the circulation.

4. This was a case of infra-orbital neuralgia occurring in a married woman, aged thirty-seven, for which, after numerous remedies had been tried, neurectomy was resorted to with such good effect that no attack occurred during fourteen years. A relapse then took place, showing itself first as neuralgia mentalis and infra-maxillaris of the same side, and then as infra-orbitalis of the opposite side. These various nerves were excited with temporary relief, when the pains recurred with such violence, sometimes in one spot and sometimes in several, that the patient was almost driven to suicide. The left carotid was tied, and the result was quite successful, at least for two years, at the end of which time she died from cancer.

5. A strong young man contracted rheuma-