In this case the patient had been vaccinated when an infant, and the arm showed three fairly good cicatrices. This fact does not corroborate a statement made at the Clinical Society a few weeks ago, to the effect that a purpurous eruption in small-pox after vaccination has no unfavourable import; for here it clearly indicated a very malignant form of disease.

ON THE PAIN OF ATAXY AND ITS RELIEF.

By JULIUS ALTHAUS, M.D., M.R.C.P.,

Physician to the Infirmary for Epilepsy and Paralysis.

THERE are few kinds of pain which equal, and none which surpass, in severity the pain which accompanies certain forms and stages of progressive locomotor ataxy. This pain is short, sharp, and sudden; there is an instant or two of indescribable agony, followed by twenty or thirty seconds, not of rest, but of a kind of drowsy stupor, out of which the patient is roused by another pang, similar to, or even worse than, the first. I have seen strong men, who could bear a great deal without flinching, scream under this infliction; and frequently their cries could be heard at a distance. The pain generally reaches its acme of severity on the third day from the commencement of the attack, and remains of the same character until the eighth day, after which there is a kind of lull. The patient, although utterly wearied and exhausted by suffering and sleeplessness, is, as it were, able to breathe again, as the shocks become less frequent and less severe. Sometimes the pain is quite gone by the tenth day; at other times it goes on in a subdued and sullen manner until a month has passed since its commencement.

Most usually the seat of pain is in the feet and knees, rarely in the hips and back, and quite exceptionally in the upper extremities and the head. Neither swelling nor redness is perceptible during these attacks, which are often set down as being of suppressed gout. They occur, however, in persons who have no gouty habit at all, and do not yield to the remedies which prove most useful in the gouty diathesis. Indeed, the peculiar obstinacy with which the atactic pain defies purely medicinal treatment—even a bold use of hypodermic injections being generally futile—constitutes one of its chief characteristics. That the pain is really part and parcel of ataxy is proved by the concurrence of other symptoms, which the patient often omits to mention on giving an account of his case, but some of which can be invariably elicited by inquiry. Thus, we find that some time previously there has been transitory double vision, or other affections of cerebral nerves; that there are sexual debility, and weakness and unsteadiness in walking.

It appears probable that the paroxysmal pains of ataxy are owing to tetanic spasms of the muscular coats of the arteries, caused by irritation of the vaso-motor system of nerves. We have therefore to look for remedies chiefly amongst those agents which we know to possess a powerful influence on the sympathetic. Amongst these, the continuous galvanic current stands *facile princeps*; and I will now shortly relate a case in which it brought relief, which had for years obstinately resisted all other medication.

J. B., a merchant, aged 35, married, came under my care in February 1870. He had for the last six years suffered from periodical attacks of severe pain in some part of the lower extremities, principally the right foot and the left knee. Such an attack generally lasted from two to four weeks, after which the patient was free from it for two or three months, at the expiration of which time a fresh attack would come on. He had never had syphilis. Early in 1864 he suffered from double vision, owing to paralysis of the rectus externus of the right eye. This yielded to treatment in about six weeks, and since then his eyes had been weak, although not suffering from any definite disease. Soon afterwards he noticed that his sexual power was diminished, and that he occasionally had nocturnal emissions, which had not occurred during the previous period of his married life (four years). In August 1864 he had the first attack of pain, which was treated with blue pill, opiates, belladonna, and quinine. It lasted about a month, and then vanished. A second attack came in December of the same year, and was treated with colchicum and alkalies. It lasted nearly the same time as the first. When he recovered from the second attack, he felt very weak on his legs, and he had never since then been quite steady, his gait being staggering chiefly in the dark. Attacks now occurred with considerable regularity every two or three months. Some of the later attacks were treated with hypodermic injections of morphia, but with little or no effect. It is true that for fifteen or twenty minutes after the injection the pain was generally not quite so severe as before, but it rapidly resumed its ordinary type. The patient had also tried a great many different kinds of baths; in fact, as he expressed himself, "everything except galvanism," when he came under my care.

He was in bed when I first saw him, racked with pain, which shot periodically through the right instep. I persuaded him, much against his will, to let me use the hypodermic syringe, and injected one-third of a grain of morphia with one-thirty-sixth part of a grain of atropia, near the internal malleolus. This had no further effect, than to make him feel somewhat giddy, and to make the tongue very dry; but it did not relieve the pain at all. The patient being convinced of the uselessness of this proceeding in his case, at my next visit I used, at his urgent request, the continuous galvanic current. This was applied, not *loco dolenti*, but at the neck, to the course of the cervical sympathetic nerve. After the first application, the patient had about an hour's freedom from pain; after the second, a somewhat longer interval took place; and after the third, the severity of the suffering was considerably diminished. He had altogether ten applications in eight days, after which the pain was entirely relieved; while usually such an attack had lasted a month with him. I now put the patient on a course of nitrate of silver—almost the only medicine which he had not yet taken—for improving the other symptoms of ataxy; and he took this, in doses of from one-sixth to a half grain, for six weeks, with decidedly good effects. He continued quite free from pain for about six months, the next attack occurring in August, having been due in May or June. This attack was not nearly so violent as that in February, and yielded to galvanisation of the sympathetic in the most satisfactory manner. Until now (April 1871) no further attack has taken place; and although it would be rash to assume that the patient will remain altogether free, yet life has in the meantime been rather an enjoyment to him than a burden, and his prospects altogether appear decidedly favourable.

CLINICAL MEMORANDA.

CALCAREOUS FILM ON THE CORNEA.

MR. DIXON, in his remarks on Calcareous Film on the Cornea, notices the fact that, in the cases recorded, though both eyes were affected, the opacities were not, strictly speaking, symmetrical. He seems thus to imply that, in all the recorded cases, both eyes have been affected.

May I be permitted to refer to a case exhibited by me at the Pathological Society during the present session, in which an opacity, in every respect similar to that of the cases exhibited and depicted by Mr. Fairlie Clarke, was present in one eye only? The eye affected was also the subject of extensive intraocular ossification. The case is, I think, interesting as a demonstration that in Mr. Bowman's and Mr. Fairlie Clarke's cases the affection of the two eyes was probably accidental, and that in none of the cases was the disease of the cornea primarily of constitutional origin.

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FACTITIOUS URTICARIA.

AFTER reading Dr. Broadbent's interesting case of Factitious Urticaria, I cannot refrain from giving my personal experience of that disease. I discovered that I was subject to it six or seven years ago, when attending Dr. Gull's lecture on the subject. I have continued to exhibit it at all times without any change since. Is it not probable that the patient mentioned by Dr. Broadbent may be permanently affected by it? and that the exposure at Christmas had nothing to do with the cause, but led accidentally to the discovery?

GEORGE H. SAVAGE, M.D. (Lond.)

Nent Head, Cumberland, May 1871.

SWEATING OF BLOOD.

A LEADING article in the JOURNAL of last week on the case of Louise Lateau recalls a case to my mind which came under my notice in Honduras some time since. An English proprietor there came some distance to ask my advice for his overseer under the following circumstances. The overseer had been bitten a month previously by a jumping Tomagoff snake, and had been attended by a native snake-doctor at the time of the injury. The overseer recovered from the immediate effects of the bite, although his life was in great danger. A week afterwards he had not recovered from the prostration, and he then began "to sweat blood". His master stated that when he sneezed small spots of blood came out on his face, and that, on making a violent muscular effort with the arm, blood would ooze out on the portion of skin most stretched. The man had been perfectly well before the snake-bite. I prescribed cold baths and iron and strychnine in liberal doses internally. Under this treatment the man recovered in fourteen days. I believe that