good, in a very large proportion of cases, is the nitrate of silver, given in doses of one-tenth to a half grain, two or three times a day. Professor Wunderlich, of Leipzig, was the first who employed silver in seven cases of this disease, in none of which, it is true, he obtained an actual cure, but in most of them considerable improvement. In 1862, Messrs. Charcot and Vulpian, in France, took up Wunderlich's idea, and used the nitrate in five other cases, and in each of them there was much amendment. Since then this remedy has been employed in most cases of ataxy, and with somewhat variable success. In some it has so disagreed with the patients that it was necessary to discontinue its use; in others it had little or no effect; while in the majority of cases the remedy has proved, if not curative, at least very useful, and it is the one upon which most reliance can be placed in the treatment of this disease. I am in the habit of giving the silver combined with the hypophosphite of soda, and it seems to do far more in this combination than either of these remedies singly. I have, indeed, now a case of ataxy under my care in which the improvement has, for the last six months, been so considerable under this medication that I am hopeful of a cure. Certain precautions should, however, be taken in administering the nitrate. I generally employ it for four or six weeks consecutively, and then discontinue it for a fortnight or three weeks, giving in the meantime a slightly aperient mineral water. After this the use of the remedy may be safely recommenced, and continued for a month or so. The gums must be inspected from time to time, as the peculiar coloration which silver produces in the long run first appears in the mucous membrane, and only afterwards in the skin. With the precautions mentioned, however, no disfigurement of the patient need be feared. I have never gone beyond the dose of half a grain, and perhaps this is another reason why in my cases the remedy has been borne without any inconvenience. I should, however, not recommend all cases of ataxy to be treated alike; in this affection we must, as in every other, study each individual case by itself, and advise for it what seems, under the special circumstances, most likely to do good. Thus hysterical or hypochondriacal patients in whom ataxy may supervene, will require a different treatment from plethoric persons, or such as have long suffered from rheumatism, or have been subject to privations and anxiety. Much is, therefore, left to the tact and discrimination which, together with knowledge, should, in all cases brought before him, guide the doings of the physician.

NOTES OF PRACTICE AT THE WEST LONDON HOSPITAL.

By G. GODDARD ROGERS, M.D.,
PHYSICIAN TO THE HOSPITAL.

SOME few months since I gave an account in THE LANCET of the success attending the administration of bromide of potassium in certain forms of epilepsy. In doing this I made frequent reference to an able article from the pen of Dr. M'Donnell, which appeared in the *Dublin Quarterly Journal* for February, 1864; and I hoped ere this Dr. M'Donnell would have made good his promise, and given to the profession his further observations on the use of the above-named drug. I much regret that my suggestion was not carried out by the medical staff of any metropolitan hospital. It was, that for a period of three months fair trial should be given to the bromide of potassium in cases of epilepsy characterized by histories similar to those I related. I carefully avoided lauding the remedy as applicable to all and every form of epileptic convulsion; but from what I had seen of its action, I thought it well adapted to cases where uterine derangement might be looked upon as the prime cause of the cerebro-spinal irritation. This I understand to have been the view originally taken by Sir Charles Locock, whose paper I quoted. Further experience of the effects of the bromide has strengthened my idea of its efficacy, and in addition I can record my mite of testimony to its non-hindrance of the genital functions. The portions of THE LANCET devoted to correspondence teemed with anxious inquiries on this head. One would have thought that a valuable remedial agent was about to be tabooed lest the next British census should lack its column of increased population. Neither when administered to epileptic males or females as a curative agent, nor to either sex in largish doses merely by way of trial, have very careful inquiries

elicited accounts of diminished sexual power. I further ventured to affirm that where the system had been debilitated by the nauseous practice of masturbation, and epilepsy was of frequent occurrence, the good effects of the drug were manifested in a high degree. On this point also I am increasingly confident; but, of course, unless moral agencies can be brought to bear on the patient, all treatment is useless. I have now under my care a young man who formerly had weekly, and not unfrequently daily, epileptic seizures. He is now in the fifty-fourth week of complete exemption from the attacks, and I shall continue to give him the bromide for some months longer. He has gained flesh, and is able to do a long day's work, and his general appearance is much improved. This leads me to remark, that in numerous cases I have watched the effects of the drug upon the external tegumentary structures, and have found that the complexion loses its sallowness, or, where naturally inclined to be ruddy, the florid tint is heightened. The eyes become brighter, and the skin generally assumes a more healthy hue.* In prolonged small doses I think I have seen benefit to children affected with chorea, but further experience is required on this head. One very commonly hears it said, "Oh! as to bromide of potassium, don't trouble to get that for your patient; the iodide will do just as well." Now I do not think so, nor do I believe that the same vigour is sustained when a lengthened course of the latter medicine is prescribed. I remember making a note of a remark in this journal which I cannot now lay my hand upon. It was to the effect that the Kreutznach waters were unjustly accused of exercising a *lowering* influence; and the writer called this a mere random assertion, from a supposed analogy between bromine and iodine.

In two epileptic patients (one of them the case above named) who have been taking the bromide, in doses of a drachm daily, with great benefit, the intermission of the medicine caused headache and nausea, and a feeling of fulness in the fauces, the tongue also "feeling too large for the mouth." How far these may have been mere nervous sensations, arising from the idea that a fit *must* occur because they had no medicine, I cannot say. Probably mental influences had much to do with the matter. It is curious, however, that the same uneasy feelings should be spoken to by both patients, and that in both the resumption of the medicine has caused them to disappear.

The black oxide of manganese is used at the West London Hospital in some forms of dyspepsia, in accordance with the suggestions of Dr. Leared; but not to such an extent as I could wish. Not very long ago, by permission of Dr. Leared, I gave in the pages of THE LANCET some illustrations of its beneficial action. The chief hindrance to its larger administration is the reluctance of the patients themselves to take it. However carefully suspended by tragacanth mucilage, it has an unpleasant grittiness. The wafer-paper might be used perhaps to envelop it when prescribed for private patients. If the palate can tolerate the mixture, and it is regularly taken before a meal, the pain following the subsequent ingestion of food is very much allayed—more so than by bismuth. After the meal the sulphite of soda in small doses greatly adds to the comfort of the dyspeptic person, either of itself allaying the tendency to eructation, and diminishing a sense of fulness so often complained of, or directly aiding the oxide in keeping up a placid condition of the lining membrane during the action of the gastric fluid.

A case illustrative of one of the Protean manifestations of pneumonia occurred lately in a man who had always enjoyed good health previously. He was lifting a ladder the evening before his admission, when, to use his own words, he "found something give way at the pit of the stomach." He went home to bed and got some sleep, but soon woke up screaming with pain across the chest. He was brought to the hospital breathing with difficulty, with a flushed face and frequent pulse, and "doubled up" with pain over the inferior cardiac region. Warm fomentations were applied and opiates given, but the pain lost none of its intensity. Auscultation and percussion failed to detect anything wrong, and so we were left in doubt as to the nature of the case for some hours. It seemed likely to prove diaphragmatic pleurisy, but in the evening, when the pain had lessened, very careful examination detected a small extent of fine crepitation just under the spine of the left scapula. Antimony was given, with salines and ammonia, and a blister placed over the back of the lung. The extent of crepitation never increased, and the dulness on percussion was limited to the one infrascapular spot. It was not until the fourth day that any rust-coloured sputa made their appearance. Had this man been treated simply on his own state-

* Dr. Gibb has noticed much the same effects from bromide of ammonium.

ment, for a strain from overlifting, the pneumonic inflammation might have pursued its insidious career until revealed to us by the expectoration, and thus recovery have been much delayed. I now believe the acute pain was due to rheumatic affection of the thoracic and abdominal muscles, and that it arose from some unnoticed exposure to cold, which was also the exciting cause of the lung mischief.

Grosvenor-street, Dec. 1865.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MR. I. B. BROWN, PRESIDENT.

DR. ALTHAUS read a paper on

PROGRESSIVE LOCOMOTOR ATAXY, OR GREY DEGENERATION OF THE POSTERIOR COLUMNS OF THE SPINAL CORD, which will be found at p. 726.

MR. LOCKHART CLARKE said: I have brought with me some preparations which show the peculiar degenerations and lesions of the spinal cord in cases of locomotor ataxy, and which I shall have much pleasure in exhibiting after the meeting. In the meantime I will very briefly allude to the principal alterations and lesions of the nerves and nervous centres in this curious malady; but before doing so I will offer a few remarks on some points contained in the excellent description of the disease which has just been read. Dr. Althaus has dwelt particularly on the affections of the second, third, and sixth cerebral nerves which frequently mark the early stages of ataxy. These are not the only cerebral nerves that are affected; for the fifth, the seventh, even some portions of the eighth, and the ninth nerves have been found sometimes more or less paralysed. Trousseau mentions a case in which on one side the tongue, teeth, lips, and cheek were affected with numbness. In other cases mastication has been impaired. Sometimes the muscles of the face have been observed to act in a disorderly manner, or to be ataxic. In a few instances there has been deafness, and in others a certain degree of dysphagia. Dr. Althaus has alluded to the curious fact that three images instead of two have been seen by patients who have had strabismus. Oulmont records an equally curious instance of two images having been observed by one eye, while the other was closed. It is also worthy of remark that, when there is no apparent strabismus—when the two axes appear to be perfectly parallel—diplopia may nevertheless occur under certain conditions. Thus, one of the patients whom I have at present under observation had, twelve years ago, internal strabismus of the left eye, with some pain at the back of the head. He has long, as it appears, completely recovered from the strabismus; and yet he tells me that when he turns his eyes to the left in a particular way he sees two images. This effect appears to be influenced by motion or by fatigue. The pains in ataxy are very remarkable both in kind and in their mode of attack. They do not always remain of the same character in the same patient at different stages of the disease. The manner in which they fix in succession on particular spots is very curious. One patient told me that a very acute pain, after fixing on the under part of the great toe-nail for hours, had suddenly shifted to the cap of the opposite knee. Another said that the pains seldom attack the same spot twice in succession; that they were aggravated by constipation, and appeared to occur more particularly in those parts that were most exercised. I may mention another case which I have now under observation, because it does not conform, as a great number do, to the division of this disorder into three stages, which Duchenne has adopted. This patient has never had any ocular disturbance, neither strabismus, amaurosis, nor even amblyopia. The only peculiarity which I can perceive about his eyes is in the pupils, which are mostly contracted to the size of a pin's head, but are constantly and rapidly varying in diameter under the same degree of light. Again, both the pains and the disorderly motion began nearly at the same time, about ten years ago, and are limited entirely to the lower extremities. The patient can write well in the ordinary way, and writes a great deal. The morbid anatomy of this affection consists of a certain grey degeneration of the cerebral nerves, of the spinal nerves, and of the posterior columns of the cord, with various lesions of the grey substance. I object to the practice of speaking of this disease under the term of "degeneration of the posterior columns of

the cord"—first, because I have found the grey substance more or less affected; and, secondly, because, as we have seen, the lesions are not confined to the cord. In the cerebral nerves, the morbid change appears to commence at the periphery, and to travel towards the centre. From the optic nerve it has sometimes been found to reach the corpora geniculata, but seldom or never as far as the corpora quadrigemina. In the spinal cord, the morbid process appears to travel in the opposite direction—from the centre to the periphery. The posterior columns become more or less grey from atrophy and disintegration of their nerve-fibres, and hypertrophy of the connective tissue. The nerve-roots are commonly affected more or less in a similar way, and I have frequently found those parts of the columns which are traversed by the roots more affected than others. For the production of ataxy, it appears necessary that the degeneration of the columns extend for some distance along the cord; for there are many cases on record in which an alteration of the columns for a short distance only was not attended by ataxy. With regard to what may be called the pathological physiology of ataxy, or the mechanism by which the disorderly movements are produced, it is thought by some to be explained by supposing the reflex action of the spinal cord to depend on the posterior columns. I see no ground for attributing to the proper fibres of these columns any such office; for although reflex action may not ensue on irritation of the peripheral nerves, this is quite accounted for by the fact that the roots of the spinal nerves are too much altered by degeneration to convey to the grey substance the impressions which they receive. So far from the reflex action of the cord being impaired or abolished, it appears generally to be exalted, although disordered, as is shown when the grey substance is excited by an act of the will, instead of by impressions made on the peripheral nerves.

DR. MERYON, after eulogizing Dr. Althaus for the able manner in which he had described the course of ataxie locomotrice progressive, and Mr. Lockhart Clarke for the great assistance he has already given to pathologists in their investigations in the pathology of nervous diseases, expressed his opinion that there is an essential difference between ataxy and tabes dorsalis:—(1) as regards the pains, which, in ataxy, come on at an earlier period, are more intense, and are induced by less apparent causes than are the pains in tabes; (2) as regards the manner in which the muscular system is involved; in ataxy there being loss of co-ordination in the acts of volition, in tabes there is positive loss of muscular power (in illustration of this Dr. Meryon referred to the case of a gentleman suffering from ataxy who used to walk, with a characteristic lounging gait, from Shooter's Hill to the City before his breakfast every morning); and (3) as regards the character of the satyriasis, which, even in advanced cases of ataxy, is not the mere impotent desire which it is apt to become in tabes. Dr. Meryon also doubted the similarity of morbid results in the two diseases.

MR. LOCKHART CLARKE, in reply to Dr. Meryon, observed that in one case he had not satisfactorily observed any corpora amylacea, but had done so in others. These bodies were not peculiar to ataxy, for he had found them commonly in all kinds of paralysis. He could not agree with Dr. Meryon in thinking that progressive ataxy and the disease called tabes dorsalis were different disorders. He (Mr. Clarke) could not understand how any unbiased person, after reading Romberg's description of tabes dorsalis, could doubt that the author was describing progressive ataxy. There were the same symptoms, and the same degeneration of the posterior columns of the cord. The omission of Romberg was, that he failed to perceive that the peculiarity of the disease consists, not in loss of muscular power, but of muscular co-ordination—a merit in diagnosis which must be accorded to Todd and Duchenne.

DR. RADCLIFFE was not prepared to believe that the knowledge of locomotor ataxy was implied in the knowledge of tabes dorsalis, as Dr. Althaus would have it. Tabes dorsalis was a vague name for a vague congeries of symptoms, in which the symptoms of ataxy might be included, but from which they were not picked out until M. Duchenne (de Boulogne) did so. Moreover, Dr. Radcliffe took exception to two points in Dr. Althaus' description of the symptomatology of ataxy. Dr. Althaus mentioned a sense of constriction around the trunk as a frequent symptom in ataxy. He (Dr. Radcliffe) had not met this symptom in thirteen cases, nor did it occur in the majority of cases described by others. Dr. Althaus spoke of the inco-ordination of the movements of the lower limbs (the characteristic symptom in ataxy) as being present in movements executed in the sitting or recumbent position, as well as in the