Those made at Xeres, in the province of Andalusia, and known to us under the name of Sherry; that which is called Paxarete, or sweet Sherry, the Tenta de Rota, or Tent wine; that which comes from Granada, the Malaga, or Mountain; from Valencia, the Alicant; from La Mancha, the Val de Penas, all deserve very high commendation, and might, by attention, be made the choicest beverages of the epicure. The Portuguese wines known to us are Port and Lisbon; these are coarse productions, are generally much made up, yet, as I shall have occasion to show you, when speaking of the medicinal effects of the various wines, and their different dietetic qualities, form a very serviceable beverage, without which the inhabitants of this country would, I firmly believe, not enjoy many of the comforts of life, nor be capable of sustaining the vicissitudes of climate, the peculiarities of diet, and the excitement of the nervous system which so strikingly belong to the great mass of English society.

Germany has a very fine wine country, extending along the banks of the Rhine from Mentz to Coblentz; the Rheingan, the Hockheim, the Joannisberg districts furnish the *bon vivans* of Europe with some light agreeable wines, as do the banks of the Moselle. Hungary, Italy, Madeira, the Cape of Good Hope, all furnish localities on which grows the vine, from which various kinds of wine are obtained, and to all these, as means by which health may be promoted and disease alleviated, I shall next direct your attention. I can only regret that I cannot enter on a detailed history of the varied and multiplied species of wine, and describe the qualities which each possesses; for there is open a wide field for medical inquiry, which has not yet been sufficiently trod, but it would amply repay the judicious investigator. The chemical science has now thrown such a light upon vegetable analysis, that what could only be treated formerly in a very cursory manner, can now be most minutely examined, and with the happiest results. The importance to man of this product would fully justify the most intense labour, which, doubtless, would be amply rewarded.

PNEUMONIA IN CHILDREN.—When pneumonia attacks children after the age of six years, the prognosis is very favourable at this age; the disease (if without complication) is rarely fatal. Careful observations, made at the *Enfans Malades*, Paris, show that the mortality rarely exceeds one in forty.

POTT'S DISEASE.

To the Editor of THE LANCET.

SIR:—May I beg the favour of a place in THE LANCET for the accompanying interesting case. I am, Sir, your obedient servant,
MARSHALL HALL.

24, Manchester-square, March 17, 1838.

CASE OF HANNAH BLAIR.

INFLAMED AND ULTIMATELY CARIOUS DORSAL VERTEBRÆ, WITH PARAPLEGIA.

The lower limbs totally devoid of sensation, yet admitting of the excitement of powerful involuntary movements on the application of irritation to various parts of the non-sensitive surfaces.

By WILLIAM ELLIOT, M.D., Carlisle, authenticated by other Medical Practitioners.

Six or seven months ago, I first saw Hannah Blair, a poor Irish girl, in her seventeenth year, of rather ruddy countenance, auburn hair, and tolerably stout frame, who laboured under paraplegia with rigid flexion of the lower limbs; slight antero-posterior curvature of, and an apparently fluctuating swelling over, the fourth, fifth, sixth, and seventh, dorsal vertebræ, very tender to the touch; much pain of the back; sense of heat in the sacrum and lower extremities, which to another felt of natural warmth; sense of constriction across the abdomen; pulse ranging from 100 to 130, rather weak; appetite good; some sensation of the fæces and urine when about to be expelled, but these were often voided involuntarily. She had had a catamenial discharge only once. To its farther non-appearance, and to grief on account of the death of her father, after a short illness, her disease was attributed by herself and her friends. She had been previously bled, and had taken medicine without much benefit.

The loss of sensation and motion continued complete, involving the lower part of the body nearly as far up as the umbilicus, and in its entire circumference. Cupping, a seton, and a caustic issue, were resorted to in that order, without any apparent benefit. Laxatives were not often given (croton-oil twice or thrice), the bowels being free. Mercurials were administered at first, but were discontinued on the appearance of the abscess. The issue was kept open, and during the month of September I saw her only twice.

About the 8th or 10th ult., when once more inquiring if there were no sensation nor voluntary motion of any portion of the lower half of the body, I was informed that there was, as yet, not the slightest feeling, but that powerful involuntary movements had been observed during the preceding week, produced in various ways. Sometimes they were mere tremors, and were even excited by causes acting through the mind—as sud-

den starts; at others, violent flexions and extensions of the lower limbs, produced by grasping them in turning her, or, still more strikingly, because in continuous alternations, by rubbing the abdomen. This had been discovered a few days previously, by a neighbour, who was desired to rub the girl's abdomen with a view of relieving the cramp and feeling of constriction; the effects of which operation, in throwing the thighs and legs into violent movements of flexion and extension, so startled the woman, that she then ran out the house, and was afraid for some days to repeat her visit. This account aroused my curiosity, which I proceeded to satisfy by the following experimental investigation:—

Oct. 10. There appeared to be no sensation from a little above the crest of both ilia downwards, on pinching, rubbing, and scratching with a pin. Friction with the hand over those parts of the abdomen devoid of sensation, and over the ilium, on the right side, produced, when the girl lay on the left side, powerful extension of the right leg and thigh; i.e. the limb, if previously bent, became straight, and was forcibly moved backwards. Friction over the sacrum caused instant flexion of the knee and thigh. Friction of the corresponding surfaces on the left side produced very irregular motions of the left lower limb.

Oct. 13. Present Drs. Hudson and Atkinson, and myself. Extension and flexion of the right limb could still occasionally be produced at will, as above, viz., by friction of the abdomen and of the sacrum respectively; though sometimes, also, the motions were irregular or indiscriminate. Scratching over the right glutæal muscles with a pin until blood appeared, produced movements without indication of feeling; the girl also asserting, when interrogated, her unconsciousness of anything having been done at all, except such information as she derived from the different sounds produced. (The left side was not tried on this occasion.) Irregular motions were also produced by nipping and scratching the thigh, leg, and foot, a little more readily, as it appeared to me, when the irritation was applied in the course of the large nerve in the thigh, ham, and inner ankle.

Oct. 17. Present Drs. Barnes and Hudson, and myself. The motions of the right limb were now produced as irregularly as those of the left, it being now impossible to predicate flexion or extension, on the application of friction, nipping, pricking, or scratching. Water, nearly boiling hot, was applied to the right nates, without any observable effect.

Oct. 23. Present Dr. Hudson and myself. Particular care was taken to prevent the girl from seeing, or being otherwise sensible of, the application of irritation. Pricking the soles and ankles, and half-way up the

leg, gave rise to powerful movements, especially when practised over the course of the posterior tibial and the plantar nerves. These movements were frequently such as to impel the part pricked or scratched, forcibly towards and upon the instrument used.

A few days afterwards a slough, which had spontaneously formed over the summit of the tumour, escaped, exposing a quantity of originally fibrous and ligamentous tissue, thickened, whitened, and, apparently, converted into a substance resembling adipocere. In less than a week this came away, its discharge being followed by a copious flow of pus. There was now experienced, for the first time during the past half-year, a very slight degree of sensation, in the left side of the pelvis, and in the left thigh, when nipped or scratched, but without any return of voluntary motion, the involuntary movements being still excitable in, and by irritation of, these parts. Those parts, also, included between the respective levels of the umbilicus and cristæ iliorum, now seemed, all around the body, to have regained a tolerable degree of feeling.

Nov. 3. Dr. Hudson and myself observed the above conditions. The right limb being still devoid of sensation, below the junction of the middle and upper thirds of the thigh (the right half of the pelvis, and the region of the right hipjoint having now imperfect sensation), a contrast was thereby established between that limb and the left,—the imperfect sensation enjoyed by the latter having by this time reached the sole. Pricking, scratching, &c., the right limb from above the mid-thigh to the toes, appeared to give, and the girl asserted did give, no uneasiness—nay, were not at all felt; while a single scratch or puncture of the left thigh, leg, and foot (momentarily and *unperceivedly* inflicted in the course of the frequent unfelt irritations of the other limb) called forth querulous expressions of pain, involuntary movements, both from and towards the pin, being at the same time excited.

Nov. 6. My friend and relative, Mr. Weir, surgeon in Cannobie, Dumfries, happening to be in Carlisle, saw the girl with me on this day. What he observed is detailed in the document to which his name is attached.

Nov. 11. On this day I saw her in company with Mr. Graham, surgeon, Longtown, when the same phenomena were observed as by Mr. Weir. The pulse continues at about 130 per minute, small, and weak; countenance natural, cheerful, and even somewhat rotund and healthy; nates and hips erythematous; a cavity of an inch diameter occupying the centre of the tumour, within the upper margin of which the finger encounters a rough and denuded spinous process, at half an inch depth from the surface; body and limbs less emaciated than might have been expected; the lower limbs never found by me relaxed or flabby, nor yet the flesh

very firm or rigid, but I do not remember ever having either made or seen an attempt to move the joints of the lower limbs, which was not instantly followed by the induction of rigidity, resistance, or forcible movement.

WILLIAM ELLIOT, M.D., &c.

CHRISTOPHER HUDSON, M.D.

WILLIAM GRAHAM, Surgeon.

Carlisle, Tuesday, Nov. 14, 1837.

I this day saw, in company with Dr. Elliot, Hannah Blair, a young woman, with apparent disease of three or four of the upper dorsal vertebræ, over which there is now a small sloughy and discharging sore. She labours under that form of paraplegia distinguished by Pott from common relaxed paralysis, as being characterised by occasional rigidity, and involuntary spasmodic movements of the lower limbs. As far as can be observed, on blindfolding the patient and pricking or scratching the soles and insteps of the feet with a pin, and pinching the skin of the legs and thighs, those parts of the right limb below the knee, seem entirely destitute of sensation,—the corresponding parts of the left seem to possess a very imperfect degree of sensation, as do also the parts above the knee in both, while both the limbs are apparently, and to the belief of those who see her daily, and according to the girl's own statement, entirely destitute of the power of voluntary motion.

On pricking, scratching, or pinching the skin of the left foot, indications of sensation of pain occur, and the girl asserts she feels pain; at the same time irregular movements of the left toes, left foot, and left leg, and sometimes of the thigh also, follow, over which she has no control.

But, on irritating the integuments of the right foot in a similar manner, there is not, even when blood is drawn, the slightest indication of pain; the girl asserts she feels none; and irregular muscular movements of the right toes, foot, leg, and thigh, are produced. These movements are sometimes those of flexion, sometimes those of extension, and are not those producing a withdrawal of the limb, or such as would appear the natural result of the sensation of pain in the part irritated.

JOHN WEIR, Surgeon,
Cannobie, Dumfriesshire.

Carlisle, Monday, Nov. 6, 1837.

Extract from a Letter of Dr. Elliot, to Dr. M. Hall.

“Carlisle, Saturday night,
“Nov. 18, 1837.

“Sir,—From the imperfect acquaintance I have hitherto been enabled to make of your views respecting the intrinsic reflex function of the spinal marrow, I am induced to believe that the accompanying case will supply a desideratum in your chain of evidence of the non-intervention of sensation in the

occurrence of what you term excito-motory phenomena.

“Considering the case to be rare, and of some consequence in illustrating the simple proposition, unconnected with any theory, that muscular movements may be excited through the medium of spinal nerves, without the intervention of sensation,* I offer no further apology for its obtrusion on your notice, but leave it at your entire disposal, and am, Sir, yours with respect,

“WILLIAM ELLIOT.”

“P.S. The girl is in exactly the same condition as on the 14th.”

On Thursday, 22nd inst., and again today, 24th, we have repeated our examination of Hannah Blair, and have to report the following particulars of her case.

Temperature natural; pulse 130, small; countenance pretty full, ruddy, cheerful; tongue natural; appetite tolerable; seldom has occasion for medicine; feels the solicitation of fæces and urine, and gives notice of their readiness for expulsion, but in case of delayed assistance passes the latter involuntarily; no return of menses.

Six pieces of bone (four of which are inclosed) have in all been discharged from the sore in the back. This lies between the inferior angles of the scapulæ; it is still deep, but much smaller than in November, and the integuments around it are healthy nearly to the edge.

She has now regained complete sensation of the pelvic integuments and of the lower limbs, but has never yet been able to exert the least voluntary movement of any part of either of these limbs. She can move both limbs passively, by exerting the muscles of the trunk and arms when seated on an arm-chair.

The lower limbs are usually in a state either of rigid flexion or rigid extension; if they even be relaxed, it is not possible to observe the fact satisfactorily, as when the limbs are handled, or otherwise tried, the muscles are *then* felt to be tense; and when she is carried to or from bed her lower limbs always are seen to be stiff, and never “dangle” over her mother's arm. They are occasionally agitated by tremors, and can still be made to display involuntary movements of flexion and extension, of an irregular and forcible kind.

Friction over the sacrum regularly produces flexion of the thighs and knees with extension of the feet. If, while the knees continue flexed by the above proceeding, tickling the soles, or pinching and rubbing the calves, be resorted to, there are produced extension of the knee and flexion of the foot, the hipjoint remaining unaffected. But if, on commencing this experiment the knees

* As is, indeed, admitted to be possible, by the author of the article in Part V. of the ‘Brit. and For. Quarterly Review of Med. and Surg.’ p. 38.”

be straight, or extended, the same treatment of the soles and calves produces flexion of both knees and feet.

Pricking with a pin the sole and dorsum of the foot gives acute pain, and regularly produces sudden flexion of the foot; so that when the dorsum is acted on, the foot is forcibly jerked against the pin, occasioning repeated exclamations of pain.

WILLIAM ELLIOT, M.D.

CHRISTOPHER HUDSON, M.D.

Carlisle, Saturday, March 24, 1838.

To Dr. Marshall Hall.

Dear Sir,—In accordance with your request I herewith transmit a report of Hannah Blair's case down to the present day. Dr. Hudson and I have no doubt of the accuracy of the poor girl's statements. There has been a gradual recovery of sensation. I think I acquainted you in the first despatch with the partial restoration of feeling in one leg. The involuntary movements consequent on external irritation are certainly now preceded by sensation, but are (as distinctly as on the occasions formerly reported) entirely independent of volition.

I observe that in Mr. Grainger's recent work (quoted in Johnson's "Med. Chir. Review," for January, 1838, p. 134), mention is made of a case in some respects similar. Mr. G. remarks that "the capability of *exciting* muscular contraction is not equally possessed by all parts of the external surface, but that the *sole of the foot* is the precise part in which the action is *excited* in the most energetic manner." It seems to me that a certain part is spoken of here as both capable of *exciting* and of *displaying*, or having *excited* in it, these involuntary movements. In my case slight irritation or tickling of the sole of the foot excited much more readily than irritation of other parts, spasmodic movements of the extensors of the toes, flexors of the foot, and even flexors of the knee, but no action was excited in the sole itself. Believe me to be, dear Sir, yours most faithfully and respectfully,

WILLIAM ELLIOT.

CALCAREOUS CONCRETION

DISCHARGED

BY EXPECTORATION.

PATHOLOGISTS are well acquainted with the circumstance of the occasional formation of calcareous concretions in almost every part of the body; the kidney and the bladder are common and familiar illustrations of this fact. In gouty persons the quantity in which those morbid secretions are produced is well known to the profession.

But although these bodies do exist in a great variety of organs, it is seldom that we have an opportunity of ascertaining the fact

until it is disclosed by post-mortem examinations.

The accompanying drawing is taken from a specimen of calcareous concretion in my possession, which was coughed up by a young man, aged twenty-five, who had never had any previous reason to imagine himself the subject of thoracic disease. He has never been a patient of mine, but is distantly related to a family which I am in the habit of attending. The circumstance was mentioned to me in common conversation, and it was in consequence of my expressing a wish to see the specimen as well as the patient, that I had an opportunity of obtaining the following account from himself.

He stated that he had never been the subject of inflammation of the chest; that his health had been generally good, never having been laid up more than twice in his lifetime, once when he had the small-pox, and, subsequently, about five years since, with typhus fever. In answer to my interrogations, he said he had never had any pain in the chest, but generally expectorates a little on first waking in the morning; never suffers from thirst; his pulse is 72, and regular. The bowels are rarely constipated; he always has one, and generally two alvine evacuations daily. The pupil is of the middle size; the nails are rather long and tapering. This substance was coughed up one morning before he had breakfasted. It resembles half the shell of an almond, with a central cavity; it was whole when expelled, but the patient broke it with a hammer "to see what it contained," and he says "it was filled with thick greenish matter, which smelt unpleasant." The other portion was lost in consequence of having been crushed by the blow, which disclosed the nature of its contents. I was not able to discover anything with the stethoscope that could have led me to imagine that any such substance existed in the lungs, but percussion produced rather a duller sound on the left side than on the opposite.

There is a very singular physiological fact connected with this person, viz., only one-half of the trunk and head is liable to perspiration, which is the right; this peculiarity extends also to the upper extremities, but the lower limbs are equally affected by diaphoresis. It was really curious to observe large drops of perspiration on the right side of the forehead, whilst all that part to the left of the mesial line was perfectly dry, although, apparently, of the same temperature.

H. B. BURFORD.

20, Grove-place, Lisson grove.