Correspondence.

"Audi alteram partem."

EVIDENCE OF PSYCHO-MOTOR PARALYSIS.

To the Editor of THE LANCET.

SIR,—Will you allow me space for a few remarks in reference to the note which Dr. Brown-Séquard did me the courtesy to append to that portion of his lectures contained in the last number of your journal, in allusion to some comments of mine in the number for the 19th instant, on the question of *evidence* in alleged cases of psycho-motor paralysis.

I was gratified to learn that my views met with the concurrence of the distinguished physiologist; and therefore am I desirous to make them more clear to your readers than was compatible with the shape in which they then appeared—viz., as a few "remarks" on a case in the "Mirror."

I did not, in those remarks, lay sufficient stress, I think, on the nature of the evidence which the galvanic current appears to me to be capable of affording as to the existence or otherwise of paralysis in connexion with cerebral disease.

In the case alluded to the patient was mortally comatose from pyæmic effusion beneath the pia mater for a large extent over the hemispheres, beneath the pons, in the subarachnoid space, and in the left ventricle, consequent on a fracture of the petrous portion of the temporal bone, succeeded by the escape of cerebro-spinal fluid. Two days before death generally psycho-motor paralysis was suspected; indeed, as far as could be ascertained by the actual methods, it seemed really to exist, together with paralysis of the third pair so far as the circular fibres of the iris were concerned (which was diagnosed). Ptosis was uncertain; there was no squint.

The galvanic battery afforded evidence that reflex action existed everywhere throughout the cord by the stimulation of muscles included between the poles. I name this to contrast it with other results.

On gradually intensifying the galvanic current—confining its action to one limb and different parts of that limb—other movements were elicited obviously through other channels than the cord alone—viz., the sensory ganglia of the hemispheres; and a manifest act of volition followed. The patient was partially aroused from his comatose state, turned his head around on the pillow, and drew away his whole body violently and peevishly from the source of irritation—the galvanic sponges.

This act (and this is the point) could scarcely be other than volitional: for the movement of the body and limbs showed an amount and kind of irregularity, and at the same time a general definiteness of purpose, that were together inconsistent with explanation upon any other hypothesis. They were certainly not automatic: paralysis was therefore not indicated.

Dr. Brown-Séquard "fears that the movements of any kind that may follow the irritation of a limb by galvanic shocks, however useful that test may be, cannot generally give decisive proofs of the existence or the absence of a paralysis."

It is to be observed that my remarks apply exclusively to cerebral or psycho-motor paralysis; and go to show that galvanic shocks, limited to a portion of a limb, can determine the latter position—the *absence* of paralysis—by *direct* results; and, *inferentially*, the former—its *presence*, in cases in which the only other resource is little better than conjecture; that, if volitional power is not destroyed, it may be aroused for a time by an appropriate stimulus, however deep the coma or other disorder by which its action is held in abeyance.

My experience of this test is too small to be conclusive; but with the very important and honourable admission of Dr. Brown-Séquard that "the means employed to detect paralysis or to ascertain its absence were not such as to leave a doubt as regards, on the one hand, the degree of an existing paralysis, or, on the other hand, the complete absence of such paralysis" (Lect. LANCET, Aug. 19th, p. 245), it would be a gain to our means of diagnosis if

further inquiry should go to establish the galvanic stimulus as a reliable test, in such cases.

A wound, or a pinch, or heat might be equally effective, but galvanism would be the least objectionable, and, perhaps, more sure; whilst it would, at the same time, supply a gauge of the intensity of the force which it is employed for the purpose of overcoming.

I am, Sir, yours obediently,
Finsbury-place South, Aug. 23rd, 1876.

JOHN GAY.

CARBOLIC ACID IN SYPHILIS.

To the Editor of THE LANCET.

SIR,—Allow me, through your journal, to say a few words in reference to carbolic acid as a preventive in syphilis. I shall confine my remarks to its protective properties, and not enter into the question as to whether it be moral or immoral; neither shall I trouble you with proofs. But on a future occasion I shall furnish you with all this.

Ever since I passed (1871) I have been asked continually, by persons of all kinds, "Do you know anything that will prevent syphilis?" At first I used to answer, "I know nothing." Then I thought, if it is true that carbolic acid is an antiseptic, why should it not be so in syphilis? Accordingly I recommended it whenever I had a chance, and it has surpassed my expectations. Not a week passes but someone says or writes to me, "You have made a great discovery. Well, I think you are right; I believe in carbolic acid." But no one has written to the contrary. To those who may think I do not hear of failures, I answer, I have heard when it has failed—viz., in gonorrhœa. I always recommend washing *immediately after coitus*, always using soap containing *twenty per cent.* (not less) of *carbolic acid*. I am convinced that carbolic acid prevents infection, and I shall be glad to hear if I am wrong. None of these arguments refer to washing after the syphilitic poison has had time to be absorbed into the circulation, or after its insertion into the blood at the point of a lancet.

I am, Sir, yours faithfully,
HANMER DICKSON, M.C. Edin.
Nelson-square, S.E., August 18th.

THE FELLOWSHIP OF THE LONDON COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The Fellowship of the London College of Surgeons is considered the highest surgical qualification in this country, and its possession is a *sine quâ non* to any person who is ambitious to obtain a first-class surgical appointment.

There are very many licentiates of the Dublin and Edinburgh Colleges practising in England and Wales who have not in their student days conformed with the extensive curriculum required for the London Fellowship. An M.R.C.S. of eight years' standing is admitted to examination for the diploma of Fellow, and I believe the concession of a similar privilege to the licentiates of the sister colleges of Ireland and Scotland would be a great boon to a numerous body of practitioners, and that the desire to possess an honourable diploma would act as an incentive to keep abreast of the surgical knowledge of the times.

Your obedient servant,
August 12th. T. J. M.

Obituary.

GOODWIN PURCELL, "THE O'LEARY," M.D.

GOODWIN PURCELL, the O'Leary, died on the 9th of last month, at the residence of his cousin, the Rev. Goodwin Purcell, Vicar of Charlesworth, Derbyshire. Suffering for the past two years from phthisis, he had retired to Charlesworth in the hope of recruiting his health; and few beyond his own relatives knew the distinguished reputation he had earned, or the talents concealed under his quiet and unob-