

tive lesion is a sclerosis starting within the external bundles of the posterior columns, propagating itself thence inwardly into the median bundles, and outwards toward the posterior horns; and while the acute lightning-like pains are dependent on the primitive lesion, the inco-ordination is only produced when the posterior roots are affected; finally, the appearance of parietic or paralytic symptoms reveals the fact of the invasion of the posterior portions of the lateral columns, and if the lesion spreads as far as the anterior horns of gray matter, muscular atrophy is produced. The alteration of the lateral columns has, moreover, a typical symptom, that of muscular contraction. If the lesion is double, the contraction will occupy the two members symmetrically; it will affect the superior ones if the lesion is above the cervical enlargement. The lesion and the symptom are also in direct relation as regards extent, progress, and intensity.

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From the conclusions of this memoir, I extract the following:

The same lesion, located in anatomical elements of the same nature, and which should possess the same functions, produces sometimes paralysis, sometimes muscular atrophy, and sometimes both at once. This is still an obscure point, and not the least singular of those which yet remain to be explained in the symptomatology of the forms of myelitis.

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TELEGRAPHERS' CRAMP.—M. Onimus (in *Gaz. Med. de Paris*).—Writers' cramp is the most common and well defined type of the affections that supervene in certain persons from the constant repetition of certain movements. A similar affection is met with in designers, engravers, and musicians, but we do not think it has been noticed heretofore among telegraph operators. We have recently had occasion to notice two cases, one of which is especially very characteristic, and presents many interesting peculiarities.

The patient, who is very intelligent, has been a telegraph operator nineteen years, has followed the progress of the disease since its first manifestations, and has observed that the first symptoms consist in difficulty in making dots, and particularly a succession of points. We know that in the Morse alphabet the letters are represented by a succession of traces and dots, and the first letters in making which difficulty was experienced, were the *s*, formed by three dots, the *i*, formed by two dots, and the *u*, of two points and a trace. The *d*, which begins with a line followed by two dots, was made better than the *u*, since the first motion in forming the line gave a greater assurance in the movement.

Gradually the formation of every kind of dot and line became impossible with the hand in the ordinary position, and the patient tried then to work the key with the thumb alone, and for nearly two years he was able to transmit dispatches in this way. After this period, the thumb was taken with cramps, and the patient tried successively the index and the middle fingers. With each of these he was able to work for two or three months, and both in turn took on the spasmodic action. At last he used the wrist, but the co-ordinated movements soon became impossible, and while the usage of the fingers produced a kind of stiffness, that of the wrist caused rapid and convulsive movements of the forearm whenever he attempted to send a dispatch. If he still

tried to overcome these difficulties of manipulation, he felt tinglings in the arm and even in the leg of the same side, a pain at the nucha, and sometimes a sensation of vertigo and insomnia. This affection is not very rare among telegraph employes, especially those who use the Morse system exclusively; they call it the *mal telegraphique*.

The best means of avoiding this affection is to change from time to time the sending apparatus, when the first symptoms of this complaint are experienced, to replace the Morse system by that of Hughes, and *vice versa*, since both are in use in the telegraph offices.

**SYPHILITIC NERVOUS DISEASE.**—The following aids for the diagnosis of the syphilitic nature of nervous affections, are given by Dr. J. Dreschfield, in the *Practitioner* for May :

1. Age of patient. The age of persons affected with syphilitic nervous disease ranges between 25 and 40 ; out of ninety-six cases collected by Braus, sixty were of patients between 20 and 40 years old, and the cases given by Broadbent, Buzzard, and others, exhibit the same proportions.

2. A syphilitic history. We have here to bear in mind that it is often difficult, especially in women, to trace such a history ; that often when the syphilitic virus selects for its locality the nervous system, there are few, if any, secondary symptoms ; while on the other hand, nervous troubles coming on in a syphilitic patient may be simply due to a coincidence. On looking over many recorded cases, I find that certain forms of syphilitic nervous disease are much oftener preceded by well marked secondary symptoms than others ; this, for instance, is true for syphilitic epilepsy and the more acute cases of meningitis, which come on soon after infection.

3. Multiplicity of lesion. Nervous symptoms which can only be accounted for by the assumption of separate pathological products, situated in different parts of the nervous system, are almost always due to syphilis.

4. Absence of other causes. This applies particularly to the paralysis of the different cranial nerves, and to sudden attacks of hemiplegia in young persons, in the absence of any cardiac or renal troubles.

5. Influence of anti-syphilitic treatment. In a great many cases, especially where the course of the nervous disease is acute, and where the patient has not previously undergone an anti-syphilitic treatment, the effects of the iodide and the mercury are very marked. In the more chronic cases, however, where the syphilitic deposit has itself undergone degenerative changes, and has established secondary changes in the surrounding nerve matter, the treatment will of necessity be of little avail.

Having diagnosed a nervous lesion to be syphilitic, it becomes then of some moment to determine the exact nature and seat of the affection. This, though important as regards the prognosis of the case, is of no great weight as regards the treatment. I hope, however, at a future period to refer to this point also.

Among others we may mention the following as having recently appeared on the pathology of the nervous system and mind :

LEIDESDORF, On Epileptic Insanity, *Stricker's Jahrb.*, 1875, II., 157; OBER-