

also did the third and fourth nerves of both sides. The only thing noticeable in the case of the fifth pair was that the sensory part of the right fifth was not so white as that of the left. The sixth nerve of the left side had its natural white appearance, but it seemed smaller than usual; the right sixth was reduced to a couple of small grey gelatinous filaments. The portio mollis of the seventh seemed to be alike on both sides, and to be natural; but while the portio dura on the left side was healthy, on the opposite side this portion of the nerve had the same wasted grey gelatinous appearance as the sixth of the same side. The right glosso-pharyngeal had also more or less of this grey gelatinous appearance. The other nerves did not appear to be altered. There was a marked deformity of the pons and medulla: the right side of both was about a third larger than the left; the enlargement was irregular and nodulated. The chief projection in the pons was towards its lower border, in a direction downwards and backwards. The left side of the pons did not seem to be very much altered. The left olivary body seemed to be a little more prominent than usual. Examined microscopically, the altered nerves were found to be in a state of extensive fatty degeneration. Attached to each olfactory bulb was a quantity of gelatinous material, which was found to be composed of small round cells, very much like those of a sarcoma. The tumour itself was caseous, and composed of a number of small round cells, the greater number of which were shrivelled and broken up.

Aberdeen.

NOTES ON A TYPHOID FEVER OUTBREAK AT FOLKESTONE.

By CLEMENT E. PRIESTLEY, M.R.C.S., &c.

PERHAPS the particulars of a typhoid outbreak occurring in my practice here may not be without interest to many of the readers of THE LANCET.

On July 1st I was called to visit a girl who had fallen ill in a caravan at the fair then being held in the outskirts of the east end of Folkestone, and found her suffering with premonitory symptoms of typhoid. At the same time I was asked to see several others of the fair people suffering from very similar symptoms. After three days typhoid spots appeared on three of the patients, but as the fair was at an end I could not find out if the others I had seen had typhoid, as they had left the ground. I was, however, given to understand that they recovered without being attacked. Of the three typhoid patients, one was removed to Ashford by her friends before the medical officer had arrived. One was treated at the Sanatorium, and one in a caravan in the middle of the field where the fair had been held. On one side of this field are two small cottages, in one of which a girl of seventeen was attacked with typhoid on July 23rd, and died a few days afterwards. A boy in the same cottage showed symptoms of failing health, but, being removed, recovered without having the disease. A month later I was called to see a lad in the town in whom the malady proved fatal. In August and September I had six other cases of typhoid, all at the eastern part of the town. In each case I have tried to trace the origin of the disease, with the following result. The people of the fair on their way to Folkestone passed through the village of Dymchurch, and, having a difficulty in obtaining sufficient well-water, several drank from a roadside pond, which was brackish to the taste and of a greenish colour. The three persons that had typhoid drank some of this water, as also did the others that suffered from diarrhoea and pyrexia; whilst amongst those of the company who did not have recourse to the pond-water there was no illness. In the case of the girl who died the water supplying the cottage in which she resided is an open spring and close to the tents of the fair people, and could therefore have easily become polluted. Again, the boy had been at the fair constantly and may have contracted the disease there; on the other hand, he was occupied daily packing fish in ice, and was constantly sucking ice. Of the other six cases I could obtain no clue as to the origin of the fever. The inspector or sub-inspector of nuisances inspected their residences, and could not find anything wrong with drains, and only in one instance water-supply; they had not been at or near the fair, and four had not been in contiguity with one another. The milk-supply

was investigated, but nothing was discovered. Three patients drank water other than that supplied to the town by the water company; this had been analysed some few months before, and reported as good.

I think these cases go far to prove, first, that typhoid may rise *de novo*, for I cannot hear of any case of typhoid having occurred at Dymchurch; and, secondly, that it is contagious, which is quite contrary to my previous experience. I have seen much typhoid, but have always been able to find and remove the cause, and thus prevent the spread of the disease, even under most unfavourable circumstances.

It is not my province to write with regard to the sanitary condition of Folkestone, but from a year's experience of the state of things existing at the eastern part of it I should say it is unsatisfactory. A mild form of diphtheria is mostly endemic in that quarter, and has been so, I understand, for some time. It may not be out of place to sound a slight note of warning—viz., that a house-to-house inspection of the poorer parts of the town would show a condition of things that, to say the least, must be a cause of surprise when one contemplates how very near we may be to a cholera epidemic. On the other hand, the western portion cannot be spoken too highly of.

Folkestone.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias colles as habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

A CASE OF LOCOMOTOR ATAXY WITH SEVERAL UNUSUAL SYMPTOMS; REMARKS.

(Under the care of Dr. HALE WHITE.)

THERE are few diseases which present such a multiplicity of symptoms as are found in locomotor ataxy, of which the following case is an example. The prognosis is very unfavourable, but the course of the disease may be spread over a long period (even thirty years according to Bristowe), the patient, however, making frequent calls on the physician for relief of symptoms. Although, as Dr. Hale White observes in his remarks, death is generally due to inter-current disease, it may also be caused by implication of the muscles of deglutition, paralysis of the laryngeal muscles, renal disease secondary to vesical mischief, or even to bed-sores. We refer our readers to the remarks appended to the case.

Alfred P—, aged fifty, was admitted on June 10th, 1886. He was in Philip ward, under Dr. Fagge, in 1883. An old report states:—"He has been the subject of chronic rheumatic pains for many years. Three or four years ago he suffered from indigestion; three months ago he had a sharp attack of pain in the stomach, lasting all day, and accompanied by vomiting. These attacks have become more sharp and frequent lately. The pupils are unequal, the right being larger than the left. They do not react to light or accommodation. He can stand with his eyes shut; he has paralysis of the right external rectus and diplopia; both discs show a white margin and venous pulsation. The patellar reflex is absent. The superficial reflexes are normal. Sensation: Occasional numbness of legs and arms. He has shooting pains starting in the toes and running up the legs. He has girdle pains at the lower part of the thorax, the ring being about four inches across. He has numbness over this area and upwards to the shoulders behind, and down the extensor surfaces on both sides as far as the hands; he has also numbness of the face and head. Twenty-one days after admission he suddenly had transitory pains of the right upper limb. The stomach had sometimes to be washed out. He can turn and walk easily along a chalked line." The old report, to which all the above refers, is headed "Early Tabes Dorsalis, with Gastric Crises." He has been getting worse since; has had much difficulty in breathing; he went to St. Bartholomew's Hospital last January, stayed there three months, and was tracheotomised for this trouble.