

injection with water. One was that of a woman fifty-four years of age, the subject of lateral sclerosis, and the other that of a woman twenty-nine years of age, who had slight wasting of one arm. Two grammes of distilled water were injected daily for three weeks. Both these patients expressed themselves as feeling decidedly better for the injections, although, of course, here again there was no improvement in physical condition. We therefore concluded that in all the cases there was great probability that the subjective sensation of well-being was due to the mental effect of the hypodermic injection rather than to any specific effect of the orchitic fluid.

To sum up shortly, of twenty-three cases of chronic nervous disease, one only showed any improvement in physical condition during this course of treatment, and, as has been before pointed out, the cause of this improvement must be looked upon as open to considerable question. We have obtained no results such as would justify further trial of this method of treatment.

NOTE ON EXPERIMENTAL DEGENERATION OF THE PYRAMIDAL TRACT.

By C. S. SHERRINGTON, M.D., F.R.S.

Two years ago a valuable account by Muratoff¹ appeared on the subject of degeneration of the pyramidal tract secondary to lesion of the "cord area" of the hemispherical cortex. By use of the Marchi method of staining, the observer found that the now, repeatedly-observed, bilateral degeneration of the lateral columns resulting from lesion of one hemisphere is due to the pyramidal tract dividing at the level of the decussation into—(1) a larger portion, which in the well-known manner crosses to the opposite lateral column of the cord, and (2) a lesser portion, which enters the lateral column of its own side. Muratoff also showed a further interesting fact—viz., that after cortical lesion confined to the arm area the degeneration of the pyramidal tract does not descend further than the region of the brachial enlargement. I have myself studied the bilateral pyramidal degeneration. In doing so I satisfied myself that it was not explicable by a degeneration of the *opposite* pyramid. I did not, however, succeed in finding the splitting of the tract into two portions at the level of the decussation. Neither could I trace degenerated callosal fibres down through the opposite internal capsule and onwards in the path described by Hamilton, although I could trace degenerated callosal fibres to other destinations—e.g., various subcortical points. Nevertheless, for reasons then given in my "preliminary account,"² I thought the fibres to be "recrossed." Later I found and pointed out³ that that term was untenable. At the time of my observations the Marchi method had not come into use; but Sandmeyer in 1891,⁴ using the Marchi method, confirmed my statement that the uncrossed fibres were not separated in the decussation, although they appeared close below it. However, after the appearance of Muratoff's account it was obviously desirable to renew the observations by the Marchi method, not that I doubted the results obtained by Muratoff, but it was desirable to re-obtain them, and, if necessary, report on the point. Last spring I therefore excised, under deep anæsthesia, a small piece of the cortex in the arm area in one bonnet and in three rhesus monkeys. The ablation was of the left hemisphere, was quite shallow, and was rounded, measuring from four to eight millimetres across. The little wound was made under antiseptic precautions and healed rapidly. Twenty-four hours later I could detect no disturbance of movement in the limb, although two of the injuries lay accurately at the "thumb centre." I allowed the degenerative process to run fourteen, twenty-one, and twenty-eight (two cases) days respectively. Sections from the cord prepared by the Marchi method show at the decussation the correctness of Muratoff's observation. The ratio of the uncrossed to the crossed tract, as observed without actual measurement, is in one of the experiments

about a quarter. I have not yet made actual countings of the fibres. Also in complete harmony with Muratoff's statement is the fact that the degeneration descends to the lower end of the brachial enlargement, but is not recognisable further down. Previously I was inclined to think, from the considerable degeneration descending below the cervical enlargement after ablations of the arm area encroaching but slightly on the surrounding cortex, that some fibres from the "arm region" of the cortex ran to spinal segments lower than the cervical; but the observations just described are, like those by Muratoff, in opposition to such a view. I am induced to place my observations on record now because I learn, through the courtesy of Professor Boyce, that observations of a kindred scope have been undertaken at University College.

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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 collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.* lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

A CASE OF ACUTE PEMPHIGUS IN A YOUNG ADULT
FEMALE; SEPTICÆMIA; DEATH; REMARKS.

(Under the care of Dr. PENROSE.)

THE following case is an instance of a rare variety of pemphigus, to which the name "pemphigus malignus" has been applied. There does not appear to be any relationship between this affection and the more recently described forms of bullous dermatitis (Dühring), for, as indicated in the engraving, which is from a photograph, the condition was typical of pemphigus. In Dr. Newton Pitt's case the patient, a man aged fifty, developed the eruption only a fortnight before his death which was due to the large area of skin affected. For the notes of this case we are indebted to Mr. Gerard Carré, house physician.

A young woman twenty-two years of age, a kitchen-maid, was first seen at the hospital as an out-patient on Oct. 26th, when she complained of "sore-throat" and pain and difficulty in swallowing. On inspection the palate, fauces, and the upper part of the pharynx were found to be somewhat red, but nothing more definite was to be seen. Compressed chlorate of potash lozenges and a mixture consisting of sulphate of magnesium, iron, and quinine were prescribed for her. She was not seen again until the day of her admission to the hospital on Nov. 14th. Between this date and the preceding one she had been under the care of Dr. George Weldon, who adopted the following treatment. On Oct. 28th he ordered a boracic acid gargle and a mixture containing five minims of antimonial wine for a dose every four hours. On the 29th she was given quinine, chlorate of potash, and sulphate of magnesium. On Nov. 9th she was ordered an application containing three grains to the ounce of nitrate of silver "to be painted inside the throat," and a mixture similar to that of Oct. 29th. On Nov. 13th Dr. Weldon saw her again and gave her arsenic (liquor Fowleri, four minims) and eight grains of iodide of potassium three times a day. On the following day he saw her again, advising her to come to the hospital, and sent with her a letter of recommendation as a case of acute pemphigus.

On admission to the hospital the patient gave the following history. With the exception of measles in childhood she had had no previous illness; three weeks before she had first experienced a "sore-throat," which lasted for a week and then subsided, but on Nov. 8th the throat was again sore and had continued so up to the time of admission. On Nov. 11th she experienced "redness with smarting" over both forearms, but she had no other symptoms. There was no rigor, vomiting, headache, or backache. On the 12th during the night there was much itching over the forearms, which caused her to scratch them, and on the morning of the 13th she first noticed blebs on the forearms and fronts of both

¹ Neurologisches Centralblatt, March, 1892. Also Archiv für Anatomie und Physiologie, 1893, Heft iii.

² Journal of Physiology, p. 177, 1885.

³ Ibid., p. 121, 1890.

⁴ Zeitschrift für Biologie, vol. xxviii., p. 177.