

at a temperature of 30 to 37° C., was allowed to pass slowly into the subcutaneous connective tissue, its absorption being aided by gentle massage. He believed in this method of administering fluid in the presence of symptoms of exhaustion from abstaining from food, and where satisfactory artificial feeding by means of the stomach or rectal tube is impossible. This plan was successfully applied in two cases. In others, where artificial feeding could be accomplished, the solution materially improved the depressed circulation. In those cases where food was not deliberately refused, the patients ate spontaneously soon after the injection. In order to discover why this occurred, he subjected himself to this treatment after a week's low diet. In one hour after the administration of the solution there was profuse salivation, accompanied by a pungent and burning taste. He believes that the patient accepts the food in order to relieve this unpleasant sensation. If this method is not successful, the possibility of recourse to the stomach tube still remains (*Neurologisches Centralblatt*, No. 23, 1891).

W. M. L.

Society Reports.

NEW YORK NEUROLOGICAL SOCIETY.

Meeting of April 5, 1892.

The President, Dr. L. C. GRAY, in the chair.

ON THE PRESENT STATE OF TREATMENT OF CHRONIC DISEASES OF THE SPINAL CORD, ESPECIALLY OF TABES AND NEU- RASTHENIA.

Dr. LEONARD WEBER read a paper with this title. In deliberating upon the prognosis in any case of chronic disease of the cord, the first aim should be to distinguish between functional and organic disease. The first dependent upon impalpable, the latter upon structural changes. In a series of disorders, in spinal neurasthenia, in some cases of contusion of the spine, of hysterical paresis and toxic paralysis, palpable tissue-changes were

generally not demonstrable. The molecular alterations were here presumably quite variable in a given series of cases, yet they might come to complete restoration, but they not infrequently persisted, particularly in neurasthenia gravis.

In the treatment of chronic structural disease of the cord, tabes in particular, there were three methods of procedure which constituted our main reliance, and which we put to use singly or in combination, according to the special indications of the case. As to the relation between syphilis and tabes, and its amenability to treatment, the author was of the opinion that we were justified in treating a case of tabes, with a syphilitic history, by specific remedies; and, furthermore, that the results were better where the interval had been short between the infection and the appearance of spinal symptoms, and where the case was not complicated by other disorders. The longer the space, as to time, between syphilitic infection and the outbreak of spinal disease, the longer the duration and progress of the latter, the less was to be expected from a course of specific treatment. In all cases of the kind it would be well to combine hydro-electrotherapy with the specific remedies. A combination of mercury and iodide of potassium seemed to offer the best results; daily inunctions of half a drachm of the gray ointment and fifteen grains of the iodide two or three times daily.

We knew that the authorities were not yet agreed upon the importance of the rôle which syphilis played in the etiology of tabes, and we were not yet able to pass judgment on the therapeutic value of specific treatment of the disease; but we were also aware that some of the best men had reported favorable results, and even a few cures. Symptomatic remedies were useful and often necessary to control pain, etc. It was the author's practice to give antipyrine and antifebrine in combination. In regard to electrotherapy, no other remedy had been and was applied as much in chronic disease of the cord. From the crude way of its former use to the present rational modes of its application great progress had undoubtedly been made; but the reports as to the curative powers of electricity were not only contradictory, but it appeared to the speaker, also, that the number of observers who were losing faith in its value was increasing. Nevertheless inasmuch as it could, when properly applied, relieve certain symptoms and by its stimulating

and tonic effect benefit the patient, the author was not prepared to abandon its use. The constant current directly applied took precedence over all other methods. The faradic brush was also to be recommended. The third method of treating chronic spinal disease was by the not important one of hydrotherapy.

The sulphur bath was especially useful in spinal disease of specific origin, in conjunction, of course, with antisyphilitic remedies. The author had no confidence in the heroic measures that had been recommended from time to time in the treatment of these disorders, such as revulsions and cauterization of painful points, etc., as his efforts in these directions had not been attended with success. With the consideration of the treatment of spinal neurasthenia—formerly called spinal irritation—the author closed his remarks. For the lighter forms, such as were observed in young people in consequence of sexual aberration to a moderate degree, or in the state of convalescence from various acute disorders, the removal of the cause, regulation of the mode of life, mild tonics, combined with evening doses of bromides or other sedatives, the use of the steel sound where there was much urethral or prostatic irritation, a three or four weeks' course of mild galvanism to the spine, the cold sponge bath and other suitable hydrostatic procedures, would generally be found sufficient to effect a cure. When it could be done, a sojourn in the country and the use of cold baths, of short duration, was often advisable. Not so positive were the results of treatment of neurasthenia gravis, as it might develop particularly in persons with a neurotic history after influences of an exhausting character, such as years of mental or physical overwork, sexual excesses and prolonged and frequent masturbation at the age of puberty when the entire central nervous system was often disturbed. It was true that the life of the individual was not put in great jeopardy by the vicious habit, but was often made very miserable inasmuch as his capacity both for work and reasonable enjoyment were very much diminished. Even in the neurasthenic the molecular changes in the nervous centres might be such that after the removal of the cause and by applying the proper treatment, functional readjustment might not be accomplished. Whatever progress had been made in the treatment of spinal disease it had not been due so much to the light furnished by the study

of their etiology as by clinical observation and practical experience.

Dr. A. D. ROCKWELL said that he had been interested in the statement that neurasthenia might possibly be simply the beginning of some disease of the spinal cord. In a case seen by him with Dr. Sachs, the patient was a man without bad habits, but whose nervous system was exhausted. There were no objective symptoms, but pain in various parts of the body was complained of. Dr. Sachs had thought the patient lithæmic. There was no improvement under treatment. The patient was advised to take a trip and consult Charcot, who had pronounced him a neurasthenic without organic disease. In England a physician had diagnosed the condition as one of masked gout, and had recommended diet and exercise, under which treatment the man had become worse. The question was whether there was not a commencing structural disease. A purely neurasthenic case would have shown some improvement under proper care. Examination had shown that the pupils reacted slowly and that the reflexes were exaggerated somewhat, and a little sugar was found in the urine. It had seemed to the speaker that a great mistake was made in the treatment of such cases. In England the tendency was to overlook the neurasthenic condition, while here it was given too great prominence. Neurasthenia was now made the scapegoat as malaria used to be. He could not regard the neurasthenic state as one of the early stages of tabes, though of course there was no reason why a person should not have functional disturbance and at the same time develop organic disease. While mercurials and iodides were successfully employed in the treatment of distinctly specific diseases, among them tabes, he was convinced that these remedies could be equally effectively used in pathological conditions of the spinal cord which were not syphilitic. The subject of electro-therapeutics, lately under special consideration at Frankfort, had been anything but favorably reported upon. The consensus of the opinions there expressed was that the chief effect of treatment by electricity was of a psychic nature. Still it could be stated that the temporary effect was, in a large number of instances, an improvement in the general condition of the patients so treated.

Dr. W. J. MORTON said he used mercurials in cases of locomotor ataxia, but did not regard the trifling improvement manifested as due to any antisiphilitic effect from

the drug, but simply to its alterative properties, if he might use the ambiguous term. If syphilitic neoplasms were present then some good result might be expected from such treatment. He had been making some observations upon patients as to the effect of electricity upon the excretion of urea and upon the temperature. The results had been surprising. Changes had always resulted. In some instances the temperature during electrical *séance* had been from the normal to 100° F., and when subnormal had been raised a degree and a half. What the law was could not as yet be stated, but if the application of electricity could produce such metabolism, this was refutation of the psychic theory. He had no sympathy with the term psychic in such relation. It was merely a catch-word employed by those who had but little knowledge of the subject.

The PRESIDENT said he had never seen the typical neurasthenic condition as a prodrome of organic spinal disease. He had, however, seen some forms of so-called sexual neurasthenia simulating quite closely symptoms of disease of the cord. In some diseased conditions of the prostate or urethra, or from mercurial poisons, there might ensue a train of symptoms indicated by a pain down the small of the back and along the sciatic, capricious and intermittent, and lasting for years, and enormous increase of the cremasteric reflexes. There was an ataxia which seemingly resulted from syphilis. There was a cerebro-spinal form of syphilis in which symptoms of locomotor ataxia were present. It was a question whether true locomotor ataxia was not a neurosis. We had seen cases in which no lesion of the cord could be found. Some of these cases remained stationary for years after a course of treatment. Or there might be some improvement and then general paresis. Again the general paresis might improve. He had found that the great pain might often be relieved by rest. The ataxia was a different thing to treat. Suspension gave marvellous results sometimes. He agreed that those who found no good in electricity as a properly applied therapeutic agent knew nothing about it. Galvanism in locomotor ataxia, especially in the neurotic forms, was of as distinct benefit as could be got by most drugs. Faradism of the motor nerve troubles had also been of great benefit. We saw cases of neurasthenia gravis where there was a limited atrophy or disease of the ganglionic portions of the cord. Patients so affected were of feeble

molecular power. Posterior sclerosis could arise which might have no connection with the condition, but he thought that every one who had observed many cases would find that in after years the classic symptoms of tabes would develop.

PHILADELPHIA NEUROLOGICAL SOCIETY.

Stated Meeting, March 28, 1892.

The President, Dr. FRANCIS X. DERCUM, in the chair.

Dr. CHARLES W. BURR presented notes of

A CASE OF FRIEDREICH'S ATAXIA.— PATIENT EXHIBITED.

S. D., female, aged twenty-eight, single, born in Pennsylvania, admitted to the Philadelphia Home for nine months in May, 1891.

Family History.—Maternal grandmother living, aged eighty-two years, in good health. Paternal grandmother died of "old age." Maternal grandfather died of English cholera, paternal living, aged seventy-two, healthy. Mother in good health. Father killed by accident. A brother and sister living and in good health. One sister died in infancy. Careful questioning fails to reveal any nervous diseases in the family.

Personal History.—Patient is youngest child. Born at term. Labor easy. Instruments not used. Breast-fed. Never had convulsions. Menstruation began at fifteen years. No acute illness preceded present trouble.

Present Illness.—Patient's mother dates present illness from a fall which occurred when she was about eight years old. No serious injury resulted from the fall and the first symptom (staggering gait) did not appear until two years later. This difficulty in walking, with which later weakness was associated, gradually increased, until six years ago, since which time the patient has been chair-ridden. It is impossible to discover the order in which the other symptoms appeared, and the statement that staggering gait was the first may be erroneous. There