

ficient are our therapeutic means to oppose the progress of this awful disease?

He who shall discover unerring tests of early tubercular development in the lungs, and give us confidence in our prognosis, who shall teach us the use of appropriate remedies and when to hope for benefit from treatment, will deserve to be ranked among those whose names are identified with honour to medical science and utility to mankind.

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ART. VI.—*On some of the Forms of Paralysis which occur in early Life.* By HENRY KENNEDY, M. R. I. A., Fellow of the King's and Queen's College of Physicians in Ireland, Temporary Physician to the Cork-street Hospital.

IN the following essay I wish to direct attention briefly to some of the forms of paralysis met with in infants and young persons. Eight years ago a few remarks were published by me on this subject, which happening to attract some notice at home and abroad, induced me to pay more attention to it since then than I might otherwise have done. Previously to that time the subject had been noticed in the most cursory way, and I believe only in the work of Underwood. Since then it has been taken up by Dr. West in his admirable series of lectures; also in the elaborate work on the Diseases of Children, by Rilliet and Barthez; and by M'Cormac, Todd, Copeland, and others. It still, however, presents a wide and open field, and in again bringing it under notice, I shall merely premise that I am not about to speak of the paralysis met with in new-born infants, and usually arising from congestion; this part of the subject has been already most ably handled by Dr. Evory Kennedy, and subsequently by Dr. Doherty, now Professor of Midwifery in Galway. The following remarks, then, apply to infants at the breast and to young persons up to the age of fifteen, presupposing that they are not affected with any organic disease.

Paralysis, in early life, exhibits itself to our notice under

different forms, and it is essentially necessary that these should be distinguished from each other. The first, and what, in the strictest sense of the term, may be called temporary paralysis, is of tolerably frequent occurrence. It is met with in infants usually between the age of five and nine months; but it occurs at both an earlier and later period than this. It is remarkable for the suddenness of its invasion, and, as far as I have seen, for the fact, that it is most common in healthy, well-thriven children. An infant, to all appearance in the best health, will be put to bed, and on awaking it is observed that it has lost the power of moving a limb. Generally only a single extremity is so affected, and it is more common for the arm to be so than the leg; though possibly this may be explained by supposing that the lower extremity may be paralysed, and yet not attract notice, on account of the age of the infant. Though we have not the word of the child for it, there can be little doubt that the limb is really paralysed. The mother or nurse observes that it is not moved as it previously was, and that no inducement or excitement stimulates the child to move it. If the arm be held up, and then let go, it will drop to the side, precisely as a discharged electrometer would do; and what is really curious is, that there is a sort of expression conveyed, which can scarcely be overlooked. I am somewhat at a loss to explain this, but if any one will call to mind a state of blindness, when, to all appearance, nothing is wrong with the eyes, he will get an idea of what is meant.

In these cases I have not been able to detect any difference in the temperature of the two limbs; though it must be added that this point has not been ascertained in the only way in which such should be done, that is, by the thermometer.

Similar remarks to those just made on the arm apply also to the leg; of course making allowance for the different office it performs. If the child have begun to put the limbs under it, it is now observed that one of them is useless, and that it drags, as it were, in a way precisely analogous to what is seen in the

adult: or if it have been previously creeping about, the infant appears to take on a sedateness of character. In this state the limb may be freely handled, without the child appearing to mind it. But this is not always the case, for now and then pain is superadded, and this constitutes a second phase of the disease. When it occurs, the sensibility of the part is wonderfully increased and the child does not allow the limb to be touched. Under these circumstances it occasionally happens that the limb is contracted, and kept up close to the body; and indeed unless we knew that a precisely similar state is seen in the adult, it might be fairly questioned whether such a state was one of paralysis at all. It is worthy of notice that the state of contraction may follow that of paralysis, or the latter may follow the state of contraction. The following case was an example of the last of these forms.

CASE I.—A boy of three and a half years old, a perfect model in shape, became affected in March, 1847, with lameness, but at first in a very slight degree. This was observed in the morning. As the day wore on, however, the lameness increased, and before evening the left leg had become so painful that the child lay on a sofa, constantly crying. In this state the leg was drawn up close to the body, and any attempt to touch it appeared to give great pain, which, as well as I could ascertain, was referred to the knee. The child was slightly feverish, the skin being somewhat hot, and the tongue furred. The bowels too were confined. A warm bath and some aperient medicine were directed. The little patient was scarcely put into the former before the pain was lessened, and on being taken out he immediately fell asleep, and continued so during the night, without having got any of the medicine directed. On awaking in the morning the pain recurred, and he now got the aperient ordered the evening before, and which had to be repeated before it acted. It was obvious the bowels had been much confined. A second bath afforded another night's rest, though not so good as the first; and the following morning,

that is the third of the attack, all pain seemed to have ceased; but it was now found that the limb was paralysed: the child, however, allowing it to be freely handled, and moved in any direction. In this state he lay two days on a sofa, without the slightest apparent wish to move. On the third, by dint of coaxing, and the promise of a plaything, he was induced to put the limb under him. In this way he walked lame for a day or two, and so the attack passed off. The tongue all through remained furred, and, as soon as the severe pain ceased, the child had some slight appetite.

This was a well-marked example of one of the forms of paralysis now under consideration. It will be observed that the first thing noticed about the child was the occurrence of lameness; this was shortly followed by a state of contraction of the limb, attended, at the same time, with exquisite sensibility; and this again was succeeded by a paralytic state. As far as I have observed, a state of paralysis of the same part very commonly follows one of severe pain. Thus, after acute rheumatism has subsided, it is by no means uncommon for the patient to complain of a loss of power; and the same may be seen in cases of phlegmasia dolens, where a weak state of the limb often remains long after every other symptom of the disease has subsided. So I take it to have been in the case detailed. The child had suffered severely, and this state was followed by one of paralysis. It is scarcely necessary to observe that in the adult it is common to meet with cases of spastic rigidity of the arm, which are often attended with great sensibility of the part,—a state which may be either congenital, or else dependent upon incurable organic disease; and indeed a very analogous state of things may often be observed towards the end of many cases of hydrocephalus. The next case affords an example of paralysis under a somewhat different aspect.

CASE II.—A healthy-looking child of fourteen months old, and still at the breast, was brought to St. Thomas' Dispensary in March, 1844. The mother said that the child had lost the

power of moving the left upper extremity, and she suspected the person who had charge of it of having given the arm some hurt. On examination nothing wrong could be detected; the arm could be moved in any direction, and though the child cried, it appeared to me that this was more owing to fright than anything else. Otherwise the arm remained hanging by the side, and though the child was ready to grasp my watch with the right hand, I could not induce it to do so with the left. The child, I have said, appeared healthy; it had its full complement of teeth, had cut them without any unusual pain, and the mother said the bowels were free. Under these circumstances a few alterative powders were directed, as also a bath, which was to be repeated; and when I next saw the child, two days after, all the symptoms of paralysis had disappeared.

Though several other instances of this affection could be brought forward, the two given appear to me quite sufficient to illustrate the particular form of disease now under consideration, and which I may venture to call the temporary paralysis of early life; for I have not yet met any instance where it was permanent, or indeed lasted longer than the ninth day.

The causes of this affection would appear to be usually some irritation in the bowels, or else that arising from teething; for it is certain that between the fifth and the ninth month is the most frequent period to meet with it. It appears to me, too, extremely probable, that it is often caused by the child lying on the limb while in the cradle; and the fact that the paralysis is, frequently at least, observed for the first time on taking the child up, would go some way in bearing out this opinion. It is now well known that this cause is quite sufficient to induce paralysis, and in my former essay two cases were given, where the affection, arising in this way, and in spite of every treatment that was adopted, became permanent.

On the diagnosis of this affection it is unnecessary to dwell; there is scarcely a possibility of mistaking it for any other. I

have scarcely seen any instance of this disease in which some one or other was not blamed for having injured the part, and so caused the paralysis; and, in truth, there is nothing more common than for the medical man to be consulted on this very point, and it is one for which he should be prepared. That an injury might be inflicted, which would give rise to pain, and this, in its turn, to paralysis, is not by any means impossible. I can only say that no instance of the sort has as yet come under my notice. When it is said that the diagnosis is sufficiently plain, it must not be understood that there are no other affections with which this one may be confounded. I have seen instances where it was difficult to distinguish between the form of paralysis I have been speaking of, and commencing disease of the hip-joint. When real disease does exist, however, it will be found usually to have been much slower in its progress; its onset will, as a general rule, have been preceded by marked derangement of the general health, which, together with some enlargement of the glands of the groin, heat about the parts, and pain when pressure is communicated to the head of the bone, suffices to distinguish the paralytic affection from the more serious disease.

The prognosis of this form of paralysis is favourable. No instance has as yet come under my notice, where the duration of the disease exceeded ten days, and in general they got well in about half that time. When the cause of the paralysis, however, has been owing to pressure exercised on the limb, much more caution in giving an opinion will be requisite, for then the affection may be permanent.

Nor is it necessary to dwell long on the treatment. The paralysis appears to me to be more commonly dependent on disordered bowels than any other single cause. It has been already stated, that healthy children are most subject to the affection, and in such confined bowels are very apt to exist. In other instances, however, the discharges, without being confined, are unhealthy in their character, the tongue, too,

being often found coated. We will, of course, be guided in our treatment, as one or the other state predominates, by giving either aperients or alteratives. With these the warm bath appears to be particularly useful, and the more so if pain happens to exist with the paralysis. In other instances, again, but these the rarest, the irritation produced by teething seems to be the cause of the affection, and the gums will then require our attention. Cases occur, too, and I have seen such, where no apparent cause can be made out. In these, I believe, we shall not go astray in putting the child on the use of mild alteratives, of which the grey powder will be found to be one of the best. When three or four days have elapsed from the commencement of the attack, it is always useful to endeavour to make the child exert itself. This may be done by a little coaxing, or by holding up some bright object, or by other ways unnecessary to particularize. I have found that this plan, simple as it may appear, hastens the recovery of the limb. Any other means that may be requisite will come under consideration farther on.

Such is the first form of paralysis to which I would call attention. I have been induced to bring it under notice a second time, because in the able work of Rilliet and Barthez it is observed that my first account of it was not as complete as it deserved to be. Probably what has been now stated may help to fill up the hiatus which exists in the clinical history of this particular affection.

Of the second form of paralysis, which I am about to describe, I have seen but two instances. Possibly some may think that these are not sufficient to constitute a distinct class; but as they presented some points of interest I have thought them worthy of at least a separate notice. The following is a brief account of the two cases:

CASE III.—A girl six years of age was brought to me labouring under paralysis. I found that seven months previously she had suffered from a very severe attack of scarlatina, from

which she had made a slow recovery. While she was still convalescent it was observed that she had lost the power of moving; and continuing so for some months without getting better, she was brought to me for advice. She gave me the idea of one not fully recovered from illness: she walked quite lame, and with a sort of shuffling gait; the right leg bending under her at each step, exactly like what is sometimes seen in the advanced, but cured stage of morbus coxæ. The right arm was in a similar condition, and the power of grasping very much less than with the opposite limb; while neither extremity had the firmness of those of the left side, and appeared to me to be colder likewise. The tongue too I thought was somewhat affected, as she did not seem to speak as plain as might be expected, but of this I am not positive. The hearing and sight were both perfect. Her appetite was bad, and there was marked derangement of the digestive organs, which was shown more particularly by a furred tongue. She had no symptoms of fever. She was directed to use the tepid shower-bath, followed by good rubbing, especially of the affected side of the body; and with this some alterative medicine was also ordered. It was, I think, the third time of her coming to me, when, on looking at her, I observed that she presented some symptoms of chorea, but in a very slight degree. There was a very trifling movement of the head, of a spasmodic character; and, in addition, the girl was unable to keep herself quiet for even a very short period. As a whole, however, it was slight, and almost required to be looked for, to ascertain its existence. In connexion with this state, I discovered a well-marked *bruit de soufflet* in the region of the heart. It occupied the first sound, and was very much localised.

After some five or six weeks, during which the treatment was carried out steadily, the paralysis began to improve. The only change made during this time was, that in place of internal medicine, she was ordered to rub in ten grains of mercu-



rial ointment nightly. Under this plan the symptoms slowly, but steadily, improved; the tongue became clean; and at the end of three months she had completely recovered the use of the side. The *bruit*, however, never altered; and, I presume, had its origin at the time she had the scarlatina.

CASE IV.(a).—A girl, between eight and nine years of age, was brought to St. Thomas' Dispensary, labouring under paralysis of the right side of the body. As in the last case she walked with a considerable limp, and every now and then the ankle was observed to yield inwards, as the weight of the body came to bear on the joint. The hand of the same side she could close with some firmness, but by no means so much so as the left. I could not detect any difference in the temperature, nor in the firmness of the flesh of the two sides of the body. This girl also presented, on close examination, very slight symptoms of chorea, particularly affecting the weak arm, and occasionally the head. The mother stated that the child had been affected in the way described for the two previous months, but she was unable to assign any cause for the attack. On closer examination nothing could be made out that would account for it. The bowels were in a healthy state; the tongue clean, though pale; the appetite moderate, and the pulse quiet. There was no *soufflet* in the region of the heart. As it was possible that the patient might have been affected with worms, she was, in the first instance, ordered a draught of oil and turpentine; this was followed by the alterative plan, as in the last case given, and this again by a course of tonics, consisting of hydriodate of potash and iron. Under this combined plan the patient recovered slowly; so much so, as at the end of about six weeks to be very nearly free from all signs of paralysis.

These two cases I have thought it well to give, because they are the only two I have seen in young persons, in which the disease assumed the form of hemiplegia, very like, indeed,

(a) For the opportunity of seeing this case I am indebted to the kindness of my friend Dr. Ferguson, of Gloucester-street.

to what is seen in the adult. Paraplegia is common enough, but this form is, I believe, very rare. It will be kept in mind that I am only speaking of cases where we have no evidence of the existence of organic disease. The union also in these cases of the paralysis with the chorea, though the latter was very slight, appears worth noting, for it tends to show that some sort of connexion exists between them, though at first sight it might appear strange that such a union should exist. The fact, however, really is, that as yet we know not the true physiology of the nervous system, and every one must have seen instances where, at the same time that there was an increased mobility of the nervous system, there was also an entire loss of its motive power. This may be seen in fevers, and there appears no reason why it may not also be met with in chronic disease. The contrary too may exist; that is, an increase of involuntary motive power, with a greatly lessened degree of sensibility(*a*). The two states may also be combined, as in the cases detailed; and in fact the "extremes here meet," as in other instances. The paralysis runs into the state of over-excitement, and the latter, in its turn, often ends in, or is combined with paralysis. The *soufflet* detected in the first case, and which, from its continuance, must be considered as depending on organic disease, is now well known to be a frequent attendant on, if not a direct exciting cause of chorea(*b*).

Before concluding these remarks, I would allude briefly to a form of paralysis which has been already ably treated of, more particularly by Dr. Graves(*c*), but which is also by no means of infrequent occurrence in early life, and therefore belongs to the part of the subject now under consideration. I allude to those forms of the disease which occur subsequent to fevers, no mat-

(*a*) As bearing on this subject I would refer to some valuable lectures, published in the Medical Gazette in 1848, by Dr. Todd of London.

(*b*) My readers are, I am sure, all aware of the highly interesting and important cases of pericarditis complicated with convulsive movements given by Bright, Latham, and others.

(*c*) Clinical Medicine, by Neligan, vol. i. : several of the lectures.

ter what type they may assume; though it is probably most usual to meet with them after gastric or infantile remittent fevers. Such cases are of tolerably frequent occurrence, and may be almost set down as forming a distinct group in themselves. As far as my experience yet goes, the paralysis in these cases is of a much more serious nature than any hitherto spoken of. In all the cases I have seen or known of, months have elapsed before the patient recovered; while in some the paralysis has been permanent. It would appear too that it is the lower extremities alone which almost invariably suffer; sometimes one, but more commonly the two(*a*); and it is where the fever has been of unusual duration that this casualty has been met with. Whether anything of organic disease exists in these cases, must be matter of doubt(*b*). My own impression is, as a general rule, that there is none, or at least none which art and time will not suffice to remove. The first time I met with a case of the sort occurred some years since, and it came upon me somewhat suddenly. The following is a mere outline of the case:

CASE V.—A girl, six years old, was attacked with feverish symptoms, during which she presented marked signs of stomach and intestinal derangement. The fever ran on most tediously for more than five weeks, at the end of which time the symptoms abated, and in the course of another week she was so well as to be allowed to leave her bed. Then it was, and only then, discovered, that she had lost the use of her lower limbs. They were flaccid to a degree, and failed her at once on any attempt being made to put them under her; nor indeed could she move them

(*a*) Paralysis of one lower extremity, following an attack of infantile fever, was the cause of the lameness from which the celebrated Sir Walter Scott suffered, and which became most distressing to him towards the close of his life.

(*b*) My friend Dr. Bellingham has published in a late Number of the Medical Press four interesting cases of paralysis in children. In one of these it appears to me that no organic disease existed, though this can be but matter of opinion.

in any posture; for it has been occasionally observed, and Dr. Graves notices the fact, that patients in this state may be able to move a limb, provided they be in the reclining position, but are totally unable to do so if placed upright(*f*). This child, however, could not move, no matter how she was placed. She remained in the state described for seven months, during which period her general health improved a good deal, but the paralysis could scarcely be said to have altered at all. At the end of this time, however, and by treatment to be spoken of again, she gradually recovered the use of the limbs. She is still, after some years, what would be considered a delicate girl.

Another instance, similar to the case just given, has occurred to me, in a girl aged 13, an hospital patient. But here the commencing fever was not so tedious, nor her recovery so slow, as in the case detailed. Both lower limbs were affected; but I do not think it necessary to refer to the case at greater length. It may be recollected, too, that one of the cases given by Dr. Graves occurred in a boy aged 14, who, from eating a quantity of nuts, first suffered from constipation, and was then attacked with tedious enteric fever, on recovering from which it was discovered that he had lost the use of the lower limbs. The sensation in this case was perfect, as it was also in the cases already given, and which came under my own notice. It is also to be observed that, in all the cases I have seen or known of, the paralysis was confined to the limbs, not affecting any of the abdominal or pelvic organs. This is probably an important point, and one on which the diagnosis of cases of this kind might entirely turn.

The cases of paralysis following gastro-enteric fever, which have been as yet alluded to, are comparatively simple. But

(*f*) As no explanation of this fact has been given, I would suggest the following, viz., that the circulation in the spine is different in the two cases; in other words, that there may be congestion when the patient is upright, which may lessen or go away entirely on his assuming the recumbent posture. One fact every person must have noticed, which is, that pain in the back is often relieved by simply making the person lie down.

it occasionally occurs that they may present much more complicated symptoms; nor can I refrain from giving here, at some length, the notes of a case, for which I am indebted to the kindness of Dr. Symes, of Kingstown. The patient himself I am well acquainted with.

CASE. VI.—A young gentleman aged 15, very intelligent, became affected, after ten days' indisposition, with feverish symptoms, marked, in a more than common degree, by irritability of the stomach, and pain even when very slight pressure was used. These symptoms began on the 2nd of September, and on the 25th of the same month he had completely lost the use of his legs; the irritability of the stomach, however, though it had at first lessened, again recurred, and he had got into the habit of throwing up everything he swallowed; not all at once, but mouthful by mouthful. Solids were longer retained than fluids, but anything he took was vomited. With these symptoms he complained of some pain in the spine. His spirits were good, and he was able to amuse himself occasionally. So matters went on till the 4th of October, when he was attacked with violent convulsions of the body and arms; but the lower limbs remained perfectly quiet. These attacks seemed to be more of the nature of hysteria than anything else; they were so severe, however, as to require several persons to hold him. When recovering from them he appeared to be quite unconscious of what had passed. They occurred commonly at night, during which time he had usually two, such as described. In this state he continued till the middle of October, when he was sent to Wales for change of air. Any measures hitherto tried to allay the vomiting, and the extreme sensibility which still existed over both the stomach and the spine, had but a temporary effect. Creasote was one of the most useful means tried, but it soon lost its power. After a fortnight's travelling in Wales, he returned much improved in every respect, except in the power of moving his limbs. He now generally, though not always, retained solid food on his stomach, but fluids were still vomited. He was somewhat

irritable, and any annoyance would bring on one of the convulsive attacks; but they were not so severe as at first. He was sent a second time to England, and returned at the end of December, still more improved, being both fatter and stronger; but he could not move in the slightest degree the paralysed limbs. In the beginning of February he was seen by Sir Philip Crampton, who fired him slightly down the spine, and repeated it after a few days. Very shortly after this the patient felt a glow of heat down the thighs and legs, and in a day or two later he discovered, to his delight, that he could stand. He soon regained the power of walking, his general health being gradually restored, with the exception of some slight returns, and these only occasionally, of the convulsive attacks.

This case appears to me one of peculiar interest, for here there was a union of paralysis, and at the same time an over-excited state of the nervous system; and both, to all appearance, at least, taking their origin in an irritable state of the gastric mucous membrane, accompanied by fever. The duration of the paralysis was very much the same in this instance as in the cases which have come under my own notice, that is, between six and eight months; and it is worthy of remark, that the use of the limbs seems to be fairly attributable to the form of counter-irritation which was used. This comparatively sudden recovery, I should state, is not uncommon in the class of cases now under consideration, and it is one for which we should be prepared. I have known it occur in another instance, where the patient was much longer deprived of the use of his limbs, and where very considerable atrophy existed(*a*); and it is one of the reasons which have led me to conclude that in such no organic disease is usually present, even though the paralytic state may have persisted for many months. Did my

(*a*) Hysterical females, it is well known, often present extraordinary phases of nervous disease, in which paralysis of a limb or other part of the body forms a prominent symptom, and where sudden recovery is of by no means an unfrequent occurrence. For proof of this I would refer to the work on Diseases of the Nervous System by Sir B. Brodie.

space allow of it, I might refer to the form of vomiting which occurred in this case, and which, I rather think, is an example of the disease which has been already so well described by Sir H. Marsh, under the title of "Regurgitation of the Food." But I must bring these lengthened remarks to a conclusion.

The foregoing observations and cases have been exclusively confined to some of the forms of paralysis met with in early life. But this has been done more for the sake of convenience than any thing else; for I am satisfied there is much less difference between the paralysis of early and more advanced life, than what might at first sight appear. The study of the disease, in young persons, however, appears to me capable of throwing much light on similar affections, occurring at a different period of life. For what, I would ask, is the conclusion which a consideration of all that has gone before must lead us to? Why, that as paralysis of a very serious character may occur in the young, and without any organic disease, so similar affections may be met with in the adult, and ought to be looked upon as such, and clearly discriminated from those where organic lesion is present. I am sure I have seen in the adult all the forms of paralysis which it has been my wish to describe as occurring in the young; and it appears more than probable that the tendency to connect serious nervous diseases, including paralysis, with actual lesion of the brain or spinal marrow, is even yet too strong; though we have the remarks of Graves, Stanley, Stokes, Hutton, Bright, Latham, and others, to prove the contrary. It is not long since, through the kindness of my friend, Dr. Shannon, I had an opportunity of examining two young epileptic patients, who died from the violence of the fits; and yet I was unable to detect anything in the brain or elsewhere which would account for the disease, or the fatal result, which latter, I need scarcely add, is not of common occurrence.

These remarks, however, would be of little value if they had not some tendency to enlarge our views on the subject of paralysis in general. It has been stated on another occa-

sion, and I would here repeat, that medicine cannot be studied on too wide principles. For every man's experience must daily afford him examples of cases of disease, in which nosology, with all its arrangements, is completely at fault, and where, consequently, we are driven to treat disease on general principles. Thus, to confine myself to one point, it is my firm conviction, that the study of paralytic affections, and their results, in early life, is quite capable of adding to our powers of treating similar affections in the adult. In other words, are we not too ready to give up the treatment of paralysed limbs, and look upon them as beyond the resources of art? We have seen that it is quite possible for young persons to recover from very serious attacks of paralysis; and though it would be unreasonable to look for the same amount of amendment in the adult, there appears to me no good grounds why it should not be attempted. This much I know, that weeks, or months, or years, will not justify us in pronouncing the case hopeless. (It is only of the purely paralytic state of a limb I am now speaking.) For, did space permit, I could detail instances where recovery has taken place after years had elapsed. It will not be supposed, from these remarks, that I possess any means of cure which are not equally known to all. What I wish to convey is this: that the means at our disposal, such as friction, exercise, electricity, counter-irritation, baths, &c., are capable of effecting cures, or at least great amendment, in cases which have been considered as beyond the reach of our art; but that, for this purpose, they must be carried out much longer and more perseveringly than is at present done. The only medicine I would notice, and which I believe is seldom used for this express purpose, is mercury in alterative doses. Its value I learned from the late Mr. Colles' last work; but, as is known, he pushed the mercury to salivation; and I believe more will be gained, in many cases, by what is regarded as the alterative action of the medicine, continued for a long time. Possibly, on some future occasion, an opportunity may offer of bringing this particular part of the subject more especially under notice.