posterior cornua of grey matter, is the external band of the posterior column; it is also called the posterior root-zone. Sclerosis of the inner division of the posterior column—the column of Goll—does not appear to give rise to the characteristic phenomena of this disease; while it is always present when the posterior root-zones are affected.

Dr. J. Lockhart Clarke has further demonstrated that to the posterior root-zones are principally attached the posterior or sensory roots of the spinal nerves, not to the lateral columns, as was once believed. Usually the posterior cornua of grey matter are to some extent implicated in the sclerosis. The posterior roots of the spinal nerves are almost always found to be atrophied.

Similar alterations from degeneration are found in parts within the cranium, which are closely related to the posterior columns of the cord; as, for example, in the lower cerebral peduncles, the restiform bodies, and the optic thalami. The optic nerve is often affected, and the grey degeneration in it may often be detected very early in the disease by means of the ophthalmoscope.

Chronic neuritis—the result of implication of the cilio-spinal centre, upon which also depends the contraction of the pupil in these cases—is also frequently met with in this as in other spinal diseases.

You must not expect to find the disease always strictly limited to the posterior root-zones and the adjacent grey matter of the spinal cord. Other regions are often invaded in the progress of the disease, and you will then have contractions, paralysis, atrophy, or disease of joints superadded, according to the region involved.

[To be continued.]

PNEUMONIA, WITH COPIOUS HÆMOPTYSIS, TREATED BY ERGOT: SPEEDY RECOVERY.

By C. HANDFIELD JONES, M.B. Cantab., F.R.S.,

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J. D., AGED 21, messenger, was admitted May 19th, 1873. His health had been generally good. His family were healthy; there was no phthisis in his brothers and sisters. He was taken ill on the 16th, about noon, with pains in the chest and back; he had no shivering. He had some dry cough before he was attacked, but did not spit up anything. He had not lost flesh. There was a little trace of herpes at the left corner of the mouth. On the 16th, he brought up by coughing much blood, and had continued to do so till noon; he estimated the quantity at a pint. The cheeks were flushed. Temperature 104°; pulse 96, pausing completely now and then; respiration 47. There was good resonance in both fronts. The breath-sound was harsh and rather weak under the left clavicle; in the third space it was normal. Below the right clavicle the breathing was also weak and harsh, and attended with prolonged expiration. Good resonance and breathing were heard in all the right back and in the upper third of the left; in the lower half, or rather more to the left, there were marked dullness, bronchial breathing, and bronchophony. He had had pain in the left side; not much now. He lay down flat. He slept very badly last night. He was ordered to have a turpentine fomentation applied to the whole back, and to take a drachm of fluid extract of ergot and an ounce of *mistura ammoniac acetatis* four times a day, and to have simple diet, with milk. On the 20th, he had had a better night; the bronchial breathing and crepitations were heard higher up in the left back than on the 19th. The sputa were mucous, mixed with red blood. Beef-tea and two eggs were added to the diet. He was ordered to have five grains of mercury and colocynt pill at bed-time. On the 21st, the sputa were still much blood-stained. On the 22nd, the left lower back was decidedly more resonant; bronchial breathing had ceased; some vesicular respiration was heard. The sputa were less, almost quite free from blood; his appetite was better. 24th. There were scarcely any sputa; what there was was only clear mucus. He was eating boiled sole. There was fairly good breathing in the lower left back. The ergot was omitted, and he was ordered to take twenty minims of liquor ferri muriatis and fifteen minims of spirit of chloric ether, in an ounce of water, three times a day. On the 29th, breathing under both clavicles was somewhat weak and harsh; he had no expectoration; and he was walking about apparently well.

Date.	Temp.	Resp.	Pulse.
May 19	104	47	96
May 20	102.9	48	102, arrested by 174 grammes.
May 21	100.7	33	86
May 22	98.6	44	78, arrested by 174 grammes.
May 23	97.8	—	—
May 24	97.8	34	66, arrested by 150 grammes.
May 27	—	—	—, arrested by 200 grammes.

The duration of the disease, from commencement to defervescence, was six days; to nearly complete resorption of exudation, eight days.

The hæmoptysis was unusually profuse, and naturally suggested the remedy.

The foregoing history was recalled to my recollection by perusing the case recorded in the JOURNAL of November 15th (page 772), of "rapid cure" of pleuropneumonia by ergot. In both, the action of ergot seems to have been beneficial; but I demur to the assumption that it effected a cure. Nothing seems to me more certain than that ordinary pneumonia (*pneumonie franche*), at any rate as we see it now-a-days in London, runs a determinate course; the inflammatory process terminating, by more or less rapid defervescence, about the sixth or seventh day from the initial rigor; while the exudation undergoes resorption sooner or later, according to the energy of the vital powers. If this be so, it is clear that we must be very careful not to deceive ourselves by attributing to our remedies what is really due to the natural course of the disease. Further, we must take good heed not to employ any means which injuriously affect the patient's strength, and especially we must be cautious of doing anything which may enfeeble the heart. Jurgensen emphasises this caution strongly (*German Clinical Lectures*, New Sydenham Society, 1876), and I quite agree with him, though I do not think his heroic measures are often requisite. Though we cannot cure the disease, we may, however, materially mitigate its severity, and sometimes no doubt save life. Ergot and liquor ferri perchloridi may check and control the inflammation; opium may allay pain, and calm and steady the nervous system; bark and ammonia, with wine, may give tone to the failing heart, especially in the collapse of the crisis; effervescing salines, or brandy and soda-water, with or without a dose or two of calomel, may quiet gastric irritation, and enable the patient to take food better; quinine in large doses, or the cold bath, may serve our need in dangerous hyperpyrexia. There is plenty of scope for beneficent and well-directed action; but, as we have only to gain time to win, no risk should be incurred with the idea of cutting short the disease. Such, at least, is my experience in London. It would be very interesting to know whether that of other practitioners elsewhere is different. Hjaltelin's in Iceland certainly seems to have been so; but Dr. Hughes Bennett's at Edinburgh, and Jurgensen's at Kiel, is essentially similar. With regard to ergot, I may mention that, though I have tried it in various inflammatory affections, notably in bronchitis, it has on the whole disappointed my expectations. Theoretically, it ought to be a great remedy for inflammation; but practically, it has not often accomplished much.

STATISTICAL REPORT OF ALL OPERATIONS PERFORMED ON HEALTHY JOINTS

IN HOSPITAL PRACTICE, BY MR. LISTER, FROM SEPTEMBER 1871 TO THE PRESENT TIME, TOGETHER WITH SUCH ACCIDENTAL WOUNDS OF JOINTS AS OCCURRED DURING THE SAME PERIOD.

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A DESIRE has been frequently expressed that a statistical account of some of the results of the antiseptic method of treatment in Mr. Lister's own hands should be published; and with the view of satisfying this reasonable wish the following cases are brought forward.

In comparing the results of one method of treatment with those of another, it is not sufficient to state these results merely numerically; some idea of the nature of the individual cases must be given; but to publish all those which have occurred in Mr. Lister's practice since the commencement of antiseptic treatment in sufficient detail to convey a correct impression of their nature would be a very laborious work; and further, such a paper would contain many cases of little interest, which, however, could not be omitted without laying oneself open to the charge of withholding part of the results. I have, therefore, with Mr. Lister's permission, selected a series of cases which must be looked on as crucial tests of the treatment, viz., those where healthy joints have been opened by incision or through accident and kept open for some days.

This paper will accordingly contain an account of all such cases which have occurred in Mr. Lister's hospital practice since September 1871 up to the present time. I begin at 1871, partly because the note-books conveniently accessible to me commence at that date, and partly because the treatment has been carried out in its present form only since that time, the spray and gauze being substituted during that year for syringes and lac-plaster.*

* See the BRITISH MEDICAL JOURNAL for January 14th, 1871, where the first mention is made of the use of the gauze and spray, and where a very instructive case of incision into the elbow-joint to remove the head of the radius which was dislocated forwards is given. (Compare with this case No. 10.)