diseased lung-tissue; and the evil produced by the water is far more than commensurate with the good that the drug can do.

The mode of conveyance of the minute particles of carbolic acid by Dr. Williams's respirator is not open to the above objection; and as the drug itself has been tested in surgical practice, and found to be of invaluable service in the treatment of all suppurating surfaces which are accessible, it is fair to infer that, if it can be applied *per se* to the lungs, it may be equally efficacious in checking the growth and development of morbid germs in them, and thus allow tissue to be reconstructed.

I have treated several cases of phthisis in the way suggested by Dr. Williams, with good results. The almost constant wearing of the respirator whilst under treatment may be an obstacle to the rapid adoption of the method; but it is, as he says, astonishing how soon the patients become accustomed to the wearing of them. They are only one degree more unsightly than the respirators which many people wear out of doors without hesitation. Further improvement in their shape and appearance is sure to follow, if their value be established.

I have desired to draw attention to this mode of treatment of phthisis, because it is following in the lines of thought in which surgical procedure has run for some time, with marked success. It approves itself to the views of those who uphold the germ theory of disease; and as an undoubted germicide, and nothing more when used in moderation, it carries out another great desideratum—non-interference with natural processes of nutrition and repair of material.

BROMIDES IN RELATION TO TRAVELLING.

By E. J. TILT, M.D.,

Past President of the Obstetrical Society of London.

Now that summer has come, and that many are planning their annual holiday to far distant lands, it is well to draw attention to the value of bromide of potassium as a help to travelling.

The best plans are sometimes completely upset by nervous and delicate ladies being knocked up by travelling all day—still more by night travelling; and their hardy companions may have to storm or fume for days in some out-of-the-way inn. I have enabled such women to travel long distances, with comfort to themselves and to the rest of the party, by telling them to take 25 grains of bromide of potassium, dissolved in a wineglassful of cold water, on going to bed, after travelling all day. A good night has enabled most of them to continue their journey the next day, and on the following day, by taking the same dose of the bromide on each successive night.

In summer, on the Continent, night-trains are the quickest and the coolest; and I have often enabled very weak and nervous women to travel all night without damage to health, by giving them 25 or 30 grains of bromide on starting, and the same dose on going to bed the following day, as soon after reaching their destination as possible. The first dose generally brings on the usual bromide sleep; or, at all events, it calms the system, and abates the irksome weariness of body and soul that follows long travelling in a cramped position. I have permitted patients to take the bromide in this way for two or three successive days, at a week's interval, during a two months' tour, warning them against taking large doses, and against taking the drug day after day during the whole course of travelling without further medical advice. This use of bromides I commend to the attention of the country practitioners who send us patients. If they come to us fatigued by a long journey, exhausted by a bad night, and by not having been able to breakfast, there is an aggravation of some of the symptoms of the case, which may mar the accuracy of our prognosis. If the complaint be slight, and the journey of moderate length, from 25 to 30 grains of bromide, taken on going to bed, will probably give sleep, and insure a quiet state of the system on the following morning. Should the case be serious, and the journey long, the same dose should be given at starting, and also on arriving. No doubt the journey to town will sometimes seriously aggravate the state of those who come up for advice; and I know nothing better calculated to prevent this than giving the bromide in the way I have described. Liquid medicines are objectionable in carpet-bags; but it is easy to have the roughly powdered bromide made up into powders of 25 grains, and one or two dozen of these powders can be stowed away, with a box of aperient pills, three or four ounces of bicarbonate of soda, a small pot of vaseline, and a roll of papier Fayard, to supplement the loss of epidermis from the feet, or any other part of the body.

In what precedes, I have had women in view; but the use of one or other of the bromides in travelling applies equally to men; and I think these remedies will be found valuable additions to the therapeutics of travelling.

CLINICAL MEMORANDA.

NERVE-STRETCHING IN LOCOMOTOR ATAXY.

As continental surgeons are now advocating this operation, and as notices of several successful cases have appeared in the JOURNAL, the following case may be of interest.

G. L., aged 39, married, pattern-designer and sign-painter, had for about twelve years suffered from acute transient pains darting suddenly through different parts of the body. These came on at intervals, without warning, and most frequently in the right leg, which showed the scars of an old necrosis of the tibia. There was a history of syphilis contracted at the age of twenty, and he confessed to having practised masturbation before marriage. About three years ago, he noticed that he was very unsteady on his legs, and that his walk was peculiar, and this slowly increased, until he was unable to do more than walk across the floor. There was no personal or family history of chorea, fits, or any mental disturbance, and his habits had been regular and temperate.

He presented the characteristic ataxic gait and inability to walk without assistance in the dark, or to stand with his feet together and his eyes closed. There was an absence of the feeling as if walking on felt, velvet, or wool. In sitting down, as soon as the knees became semiflexed, he dropped down quite suddenly. In the recumbent posture, he could not tell the position of his legs; said he felt as though they were not resting on the bed at all; and had great difficulty in changing his position. Tickling the soles of the feet did not produce any reflex action. Cutaneous sensibility of the legs was much impaired, but there were no anæsthetic patches. His muscular power was good, and he was able to resist attempts to forcibly flex or extend the legs. There was entire absence of the patellar tendon-reflex (Westphal's symptom). There was slight ataxy in the arms, as he had some difficulty in dressing himself—the buttons troubled him; and his writing, formerly very good, was now very poor and shaky. The muscular sense or sense of weight was unimpaired. There was no incontinence of urine, but micturition was sudden. There was no insomnia. Sexual power and desire were weak. He had frequent attacks of the typical lightning-pains in the extremities, and complained of a dull aching pain in the back, along with a girdle-feeling of constriction round the loins. At no time were there any of the *crises gastriques* of Charcot; and there was entire absence of any changes in the bones or joints. There was no ataxia of the eyeballs, no double vision, nor colour-blindness. The right eyelid was affected with ptosis, and there was diminished vision, which was found upon examination to be due to white atrophy of the optic disc. He exhibited the Argyll-Robertson pupils, which contracted during accommodation, but not to light.

The patient being willing to submit to anything which afforded him the prospect of relief, I determined to try nerve-stretching, selecting the right sciatic, because the symptoms were most marked on that side.

April 24th. Esmarch's bandage was applied to the upper part of the thigh. Dr. Smith, of Ashton, who assisted me, having anaesthetised the back part of the thigh at its middle third, a longitudinal incision, four inches long, was made down to the biceps, which was drawn aside. The great sciatic nerve was found at the inner aspect of the muscle; its sheath was opened, and the body of the nerve was then hooked on to the finger and pulled vertically upwards with some force, the whole weight of the limb being suspended by the nerve. This being repeated three times; the nerve was then replaced, a drainage-tube inserted, the wound stitched and dressed with carbolic oil. The patient did not seem to feel the operation very much, even the sutures causing very little pain. The wound did not unite by first intention, but there were no bad symptoms from it.

It is now five weeks since the operation, and the result thus far is a very great improvement in one symptom: the lightning-pains, which formerly were frequent and distressing, have now to a considerable extent disappeared. They are not nearly so acute, and they come on at much longer intervals than before. The improvement has been most marked during the past ten days; and, as it still continues, I am in hopes that the pains will ultimately disappear entirely. But, while he is more comfortable in this respect, I am sorry to be unable to report any improvement in the ataxic symptoms, which remain unchanged. His staggering ataxic gait and inability to stand with his eyes closed remain as before. There is, however, a slight improvement in the anæsthesia, and he can now tell the position of his legs.

REMARKS.—1. The case confirms the statement of Dr. Gowers (BRITISH MEDICAL JOURNAL, 1880, vol. ii, p. 623), that "75 per cent. of the cases were of syphilitic origin", and of Dr. Dowse (*ibid.*, p. 925), that every case of locomotor ataxy, with very few exceptions, could be traced to syphilis as a cause. 2. It presented the three characteristic