jerk in both legs was well marked, but not excessive, with no remarkable difference between the two. I failed to elicit the ankle-clonus. The functions of the rectum and bladder were normal.

Ordering him as complete rest as possible, and absolute cessation from his work, I saw him at irregular intervals till the end of November. He made marked improvement at first, being able to walk faster and without the aid of a stick. But he soon began to "practise" a little every day (a fact which I did not know at the time), though taking no regular engagement; and on November 30th, although he confessed to no relapse, he was again walking with a stick. The ankle-clonus was then found to be readily elicited, and the knee-jerk excessive. He also said that he passed his urine rather more slowly than before, and that his bowels were rather confined. At the end of December, however, he took an engagement abroad, and worked hard—first in Berlin, and then in Paris—literally every night for six months. During the whole time he felt himself gradually getting worse; he fell several times on getting to his legs, and found that he had to restrict his "business" to the arms as much as possible.

On July 12th of this year (1882), I saw him again. His general health was very good. He still says that he cannot empty his bladder quite so quickly as he used, that his bowels are rather confined, and that he does not sleep quite so soundly as in former times; but these complaints are not prominent, and only stated in answer to questions. The note of this date states: "The knee-jerk is extreme, passing into knee-clonus, and shaking the whole body. Spastic gait well marked, though there is but slight rigidity when he sits or lies down. Very ample tremors elicited by the slightest attempt to produce ankle-clonus." He was now ordered complete rest again; and since that, though he says he is again better, and can walk more easily, the above mentioned symptoms are much the same, if not more marked. His arms seem very strong, and his grasp powerful, though they appear, he says, a little smaller than before—probably from disuse since the end of June.

This case appears to be a well-marked one of spastic paralysis, or so-called "primary lateral sclerosis": a disease which, though but lately distinguished clinically, and still more lately connected with definite *post mortem* lesions, is probably not so rare as is sometimes taught, being detected with increasing frequency. The primary nature of this case is, I think, clear; for, with all due regard to the history of the hurt to the back, the rapid recovery and the absence of all symptoms during the subsequent two years and a-half may be looked upon as putting out of court the existence of any inflammation of the spinal cord at the time, and forbidding us to attribute the disease to this accident. But it is the possible causal connection of the disease with the occupation of the youth that gives the case any special value; and it would seem that the speculative view of the cord-change, now, in all probability, existing, being a possible result of the abnormal action of the muscles of the lower extremities, is—at least worthy of some consideration.

The patient is apparently now *in statu quo*. The functions of the bladder and rectum are performed quite normally; and, beyond occasional complaints of flatulence after food, his general health is thoroughly good.

A CASE ILLUSTRATING THE USE OF GYMNASTIC TREATMENT.

By ALFRED H. BUCK, L.R.C.P.Ed.

MR. S., aged 84, consulted me on August 11th, 1882, for a pain situated in the posterior portion of the right thigh over the great sciatic nerve, being most intense just below the great trochanter, and extending down to the knee-joint. Movement and pressure upon the nerve increased the pain. He had been suffering for more than two months prior to his visit to me. The pain was of a gnawing character; and, when he was in bed, the limb had a burning sensation, but to the touch was quite cold. During the early portion of the illness, the pain became most intense at 4 A.M. and 4 P.M. Shortly after he had been under my treatment, pain of a similar character attacked him close to the spine, on a line with the crest of the ilium, and corresponding to the third lumbar vertebra. His nights became disturbed, and he looked wan and ill. No assignable cause could be ascertained for these symptoms, except that, some months previously, he remembered stumbling over a stove, and, in the effort to save himself from falling, he twisted the muscles of his back; and since that time he had had more or less pain when walking.

The local treatment consisted of belladonna, chloroform, morphia, aconite, fomentations, turpentine, hot hip-baths, flannel bandages; and other remedies were tried, without producing any beneficial effect,

or relieving the stiffness and inability to walk. The principal medicines given internally were arsenic, belladonna, and quinine. The arsenic relieved the burning sensation in the limb, and the quinine the periodic paroxysms of pain. After he had been under treatment for about six weeks, with the result above described, I advised him to try the treatment at the Zander Medico-gymnastic Institute in Soho Square; and, as the medical officer considered it a suitable case for the treatment, he undertook the case.

Mr. S. is now (November 4th) able to walk in comfort for upwards of an hour, and there is only a slight tenderness on pressure at the previously painful spots. He is also able to rest well at night, and he has quite regained his usual health and strength. The medical officer, Dr. Oxley, writes me: "The treatment consisted in rapidly 'percussing' the affected parts every other day, and giving the hips and lumbar regions carefully regulated movements; this being done by machines of a very ingenious yet simple character. The apparatus employed consisted of, (a) a machine by which carefully graduated extension and flexion of the hips was made; (b) a machine by which the lumbar region was in like manner carefully rotated from side to side; (c) a machine by which very powerful friction and a kind of vibration or trembling was applied to the painful and adjacent parts. My reason for applying the above means was founded on observation. I had treated several cases before Mr. S. was sent by you, and had been very much struck by the results of the treatment. I had always thought that, for such ailments as lumbago, muscular rheumatism, and sciatica, as soon as the early acute symptoms had passed, no treatment would be so likely to be successful as that of giving to the affected parts movements of at first a very slight degree, and then carefully increasing them. By means of Dr. Zander's appliances, such movements can be most exactly performed; and repeatedly they have accomplished what was desired. In the case of Mr. S., as often happens, the bad symptoms increased at first; and I had some difficulty in persuading him to continue the treatment. In a few days, however, the pain and stiffness began to disappear; he could sleep well, and very soon began to walk in a much more erect manner and without help. At the present time, after ten visits, he walks without sticks and without pain. Mr. S. seemed to find most benefit from the 'trembling' machine. Whether this was the result of the friction, or of some deeper physiological effect, I cannot say. The trembling or shaking has, however, a marked effect upon the circulation, increasing it in a striking degree; and it may be in this way that the good is done. There is no doubt, however, that the nerves are also powerfully influenced. In whatever way achieved, however, the cure was a most painless and satisfactory one."

THERAPEUTIC MEMORANDA.

LOCAL TREATMENT OF ERYSIPELAS.

THIS subject deserves every attention, and the readers of the BRITISH MEDICAL JOURNAL ought to be thankful that it has been so often discussed. But the question of etiology is, perhaps, not always clearly grasped, although it must determine to a large extent the type of the disease, and its successful management. Take erysipelas of the scalp, for instance: a superficial erysipelas is a very innocent thing, and easily controlled; but there is hardly a more dangerous malady than traumatic erysipelas of this part, accompanying profuse suppuration in the connective tissue between the occipito-frontalis muscle and the cranium.* Again, if the sanitary arrangements of a private house or of a large public institution be defective, there may be frequent epidemics of facial erysipelas and of enteric fever, either separately or conjointly, as happened in the Somerset Lunatic Asylum in 1879 and 1881 (BRITISH MEDICAL JOURNAL, October 29th, 1881).

But if surgical and hygienic agencies can be safely put aside, it may be acknowledged that the local treatment of erysipelas deserves a large amount of professional care and discrimination. Call it by what name we like, it is essentially a spreading dermatitis, which may cause peril by the extent of cutaneous surface involved, or by the degree of constitutional irritation which may be provoked. It is not often that we have a quasi-inflammation so completely under therapeutic command. Iodine may be useful if there be any suspicion of a pyæmic complication; but, for the so-called idiopathic erysipelas, I cannot speak too highly of the free and frequent application of a solution of tannin in equal parts of spirits of wine and water, as recommended by Dr. Braithwaite in the JOURNAL for April 30th, 1881. This solution is

* See an excellent lecture by Mr. Erichsen on this point, *Lancet*, January 26th 1879.