The treatment was mainly by arsenic, in doses varying from 5 minims of the liquor arsenicalis three times a day up to (on May 10th) 15 minims four times a day; or 1 drachm in the twenty-four hours. On May 1st, a few grains of the ammonio-citrate of iron were added to each dose. The irritable condition of the stomach prevented arsenic being taken in as large doses as would otherwise have been desirable. Small doses of morphine were for a time combined with the arsenic to facilitate tolerance. The vomiting was most urgent before the arsenic was commenced, and could not, therefore, be due to it. During the course of the treatment, a patch of herpes developed below the left clavicle, and there was eventually well-marked arsenical pigmentation. When made an out-patient on September 29th, 1890, he had gained 9 lbs. in weight.

Forming a contrast by its rapid course, but in other respects presenting a strong resemblance, the following case of purpura hæmorrhagica is worthy of record: A boy, aged 10, who had always been rather delicate, was taken ill on March 13th with headache, feverishness, and vomiting. He was seen by Dr. Travell on March 16th, and found to be suffering from a severe attack of purpura. On the afternoon of March 17th, as his condition seemed grave, I was asked to see him in consultation. He was very pale, had a large hæmorrhage into the lower lip, and was very apathetic. On the legs and the lower part of the trunk were numerous purpuric spots. The temperature was 101.2°, pulse 140, and he suffered much pain at the epigastrium, worse after food. In the past twelve hours there had been very profuse hæmaturia, and he also had melæna. There was distinct optic neuritis in the right eye, and some old choroiditis with pigmentation in the left. Seven-grain doses of gallic acid every six hours stopped the hæmaturia within two days. Before the hæmaturia came on he had been treated by 5-minim doses of turpentine, but had only taken 20 to 30 minims in all. Afterwards liquor arsenicalis was given in doses of 5 minims with iron; but in spite of treatment he died on March 21st, the total duration of illness being under nine days.

A CASE OF INFANTILE SPASTIC DIPLEGIA, WITH TREMORS OF THE "DISSEMINATED SCLEROSIS" TYPE.¹

By T. C. RAILTON, M.D. LOND., M.R.C.P.,

Physician to the Manchester Clinical Hospital for Women and Children.

A. T., aged 9, was admitted into the Manchester Clinical Hospital in February, 1891. The parents are said to be healthy, although there is an account of five dead-born children out of a family of thirteen, the reason alleged being that the mother always bore big children, and was delivered with difficulty. There is, however, no appearance of congenital syphilis about the patient, nor about another of the children who was brought to the hospital for examination, nor does the early history of the patient point in that direction. She was born after a prolonged labour with breech presentation, but did not show any symptoms of asphyxia immediately afterwards. She was brought up at the breast, and cut her teeth early. It was soon remarked that she was unnaturally quiet, that she did not toss her limbs about like other infants at the same age, and she did not begin to "notice" until she was about 2 years old. It was also observed that her head seemed disproportionately large and that when she was lifted up it drooped as though too heavy for her. A medical man, consulted on the subject, said, however, that it was not "water on the brain." There has never been any attempt at walking; in fact, she can barely stand now, and only for a very short time when holding herself up with her hands clinging to the rail at the foot of her bed. When 2 years old she had a fit, and a year later two more attacks in the same day, but has had none since. A few months before the first fit her hands were noticed to shake when she used them.

At the present time her appearance is peculiar, and rather gives an impression of imbecility. She has an extremely

large head (56½ centimetres in circumference), globular in shape (antero-posterior diameter, from root of the nose to occiput, 19 centimetres; transverse diameter, 17 centimetres). Both size and shape are suggestive of hydrocephalus, but no other evidence of that disease is now perceptible. The forehead, though normal according to age, is relatively narrow. There is internal strabismus which has existed from birth, but neither paralysis nor spasm of any of the muscles of the face. The fundi of the eyes are normal. There are no tremors of the head, tongue, nor lips; no nystagmus, no scanning nor drawing speech, and no vertigo. In intelligence she is backward, and can neither read nor spell, though able to answer simple questions sensibly enough, after the fashion of a child much younger. Part of her mental deficiency may be due to want of education, which has been entirely neglected, and this also may perhaps account to some extent for the uncontrollable temper she occasionally exhibits.

All the superficial reflexes are present and active. Her chest and abdomen are free from disease, and her limbs are well nourished, firm, and symmetrical, the muscles reacting normally to electricity. There are no signs of her having suffered from rickets. She is able to sit up without support. In the arms there is no rigidity perceptible on passive movement. When she raises them voluntarily they show a fine tremor, which persists so long as they remain unsupported, and when she attempts any action requiring precision the movement changes to a coarse oscillation, which gradually becomes extreme as she approaches attainment, in exactly the same manner as the tremor of disseminated sclerosis. Thus, she cannot convey a glass to her mouth without spilling its contents, and cannot feed herself. Her difficulties are increased by the fact that, in addition to the clonic spasms, there is considerable awkwardness (inco-ordination) in the way she grasps objects. The movements cease entirely as soon as the arms are at rest.

As is usual in birth palsies, the brunt of the mischief has fallen upon the lower extremities. As she lies down, these remain in a condition of nearly complete extension, with the exception of the left leg, which is slightly contracted at the knee. When raised from the bed the feet have a fine tremor. On passive moment there is distinct resistance. The knee-jerks are exaggerated, and ankle clonus is readily obtainable. When supported under the arms the patient is able to bring one foot alternately in front of the other, with the toes dragging on the ground, and during this exercise she complains that her feet "shake." There is well-marked rigidity of the legs when in action, but little or no spasm of the adductors of the thighs. When she attempts to stand, holding on to some support, her legs are habitually bent at the knees.

She is extremely sensitive to touch; the slightest prick of a pin anywhere about the limbs or body produces a universal involuntary twitching, extending even to the muscles of the face.

This case is interesting from its similarity to one of sclerosis in patches. The tremors, paresis of legs with contracture at the left knee, the retention of normal electrical reactions, the exaggerated knee-jerks, the ankle clonus, and finally the mental deficiency, all combine to impart a superficial resemblance to that disease which might well prove misleading at first. The distinction between the two diseases, however, becomes comparatively easy upon closer investigation. In the first place the history of the case very clearly points to an injury to the cerebral cortex from meningeal hæmorrhage at the time of birth, rather than to the gradual development of a progressive disease, the patient, one might almost say, having remained *in statu quo* from birth. This conclusion is further supported by the absence of any peculiarity in the speech (a drawing, "die-away" voice being an almost invariable concomitant of disseminated sclerosis), by the total absence of tremors of the head or vertigo, and still more by the presence of the remarkable sensitiveness of the skin to stimuli, which is not observed, so far as I am aware, in connection with sclerosis in patches, but has been previously reported in certain cases of infantile spastic paralysis. As regards the presence or absence of nystagmus—absent in this case—as it is equally met with in both diseases; its presence here would not have been of assistance in forming a diagnosis.

It seems very possible that there may have been some hy-

¹ Read before the Manchester Medical Society.

drocephalus prior to birth which predisposed to the injury to the brain during delivery, but of this there is no proof beyond the fact that the head is, and always has been, of abnormal size, and the injury itself, with subsequent arrest of development in the motor tracts, appears adequate to account for the various manifestations described above.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

CASE OF INFLUENZA WITH CEREBRAL SYMPTOMS.
AMONG the many interesting varieties of influenza that have been described, the following peculiar form seems to be of sufficient interest to warrant publication, as it is only by the record of these anomalous forms that the history of the epidemics of 1890 and 1891 can be written with completeness.

On June 3rd S., a fine healthy lad of about 20 years of age, went to work in his garden as usual, but about 3 o'clock in the afternoon while stooping down he felt a violent pain in the head, became giddy, and vomited. After some time he was well enough to go home, and about 5 o'clock on the same day I saw him. He was lying in bed with his head rather drawn back, complaining of violent pain in the frontal region and at the back of the eyes, which were tender to pressure, with stiffness and pain in the neck. Pulse was 60, slow, but high tensioned; tongue large, flabby, and thickly furred; temperature 98.4°. He had been sick several times since the first onset, but he said that in that respect he felt better. The light was painful to him; pupils normal and reacted to light. The day was warm but not hot, and the sky overcast. I treated it as a case of influenza without any rise of temperature.

On the following day there was a good deal of mental confusion, and he seemed to have lost consciousness of events immediately following the attack in the garden. Temperature normal, pulse 70, face flushed and red; the bending back of the head with pain about the neck and frontal region continued. He was given quinine and the symptoms gradually improved, the pulse became softer, the pain in the neck less, but there was some double vision from time to time, and the frontal pain was the last to disappear. In about ten days he was well enough to go for a change of air.

The interesting features of the case are the absence of fever, and the peculiar cerebral symptoms resembling to some degree sunstroke. I suppose one might call it a case of meningitis of influenzal origin, though this seems to be a rare form of the disease.

Sevenoaks.

JAMES E. BLOMFIELD, M.B.Oxon.

ON THE RELATION BETWEEN INFLUENZA AND PNEUMONIA.

THE recent epidemic of influenza has been so markedly associated with the occurrence of pneumonia as a sequela, and only too often a fatal sequela, that it should be a matter of the greatest importance to ascertain, if possible, the relationship between the two.

In common with most practitioners I have seen two varieties of the pneumonia of influenza—the splenic form of lobar pneumonia, localised in one lung, of greater or less extent, and a broncho-pneumonia, which appears to be due to an extension of inflammation from the bronchi into the alveoli, and is associated from the first with profound asthenia and a thin plum-coloured expectoration. This form of the disease occurs in patients who are at once greatly prostrated by influenza, which keeps them in bed until the case ends in recovery or death from asthenia. The temperature, as a rule, keeps pretty high, ranging from 100° to 103°, and seems to be a fairly definite ratio to the amount and extension of the pneumonia.

The other and more fatal variety occurs mostly in patients who have had a less sharp attack of influenza, and have insisted upon going out while still feeling weak. Such cases have merely complained of headache and pain in the back or limbs, but have not been troubled with cough or expectoration, while the temperature may not have been raised for

more than twenty-four hours. At the same time, with, may be, a normal temperature, there will nearly always be heard at one or both bases of the lungs some very sticky crepitant *râles* on inspiration. These are exceedingly constant in the early stages of influenza, but from the absence of symptoms pointing to lung complications may easily be overlooked.

It is easily understandable that patients walking about with these *râles* and with the pulmonary condition causing them will be specially liable to get pneumonia if exposed to chill or fatigue, and this fact will go far to explain why it is that so many bad cases of pneumonia have occurred amongst men in the prime of life, who have as they have thought recovered from slight attacks of influenza.

The materials for the production of pneumonia are latent and need only the influence of cold and exposure to burst into the full disease, while the depressing influence of the influenza has too often diminished the powers of resistance and taken away all hopes of recovery.

ROBERT M. SIMON, M.D.,
Physician, General Hospital, Birmingham.

PHENACETIN IN INFLUENZA.

I AM enabled to give the fullest corroboration to the testimony borne by Dr. Henry to the excellent effects of phenacetin in epidemic influenza. During the present epidemic I have used it in the early stages of the illness almost to the entire exclusion of other drugs. I usually prescribe it in doses of from five to ten grains, given either in cachets or suspended in milk, with directions that it is to be repeated in an hour if the pains are not fully relieved, and then every four hours till the patient is seen again. As a result it has been my experience that the headache and pain in the eyeballs, back, and limbs have been relieved certainly after the second dose; a satisfactory condition of diaphoresis has been induced; and on my visit the next day the temperature is almost invariably normal, or thereabouts. I should also add that, as a rule, I give at the same time a dose of calomel, followed by a seidlitz powder three hours later. Comparing the results of treatment in the cases in which I have used phenacetin with those of the previous epidemic, in which I relied on antipyrin and salicin, I am fully convinced of the superiority of the former method. The greater rapidity with which the pains are relieved is very striking. I have seen no bad symptoms whatever as the result of the use of the drug, though I always exercise particular caution with regard to the dose in the case of elderly or debilitated patients. In my opinion, both for cases of influenza and as an analgesic in neuralgia and migraine, phenacetin should rank as one of the most valuable of our more recently acquired pharmaceutical preparations.

ARTHUR H. WEISS CLEWOW, M.D.

West Kensington.

UNIVERSITY OF TEXAS.—A medical department will be opened at Galveston, in connection with the University of Texas, in the autumn of the present year. The buildings are fitted with all the necessary equipment for the teaching of medicine and surgery and the ancillary sciences. A three years' graded course of instruction will be given, each *annus academicus* to consist of eight months. There will be nine professors "to begin with," who will be paid on the average 3,000 dollars each for the session. "Comparatively young men, possessed of elements of success and capabilities of making reputation for the institution, would, in the main, be preferred." If there are any "comparatively young men" who would not mind exchanging the barren pavements of London for what Johnson would have called "the potentiality of growing rich beyond the dreams of avarice" in the Great West, they might think it worth while to apply to Dr. Thos. D. Woolen, of Austin, Texas, President of the Board of Regents of the University of Texas, who would, no doubt, give any information that might be required. It may be mentioned, as a matter not altogether irrelevant to the subject, that Galveston is a growing place, and is believed to have a great commercial future before it.

BEQUEST.—Under the will of the late Miss Nelson, of Wighton, the Cumberland Infirmary is entitled to a legacy of £1,000 free of duty.