bruit slowly but steadily diminished, till, in October 1874, they ceased altogether. Since that time he has been perfectly well; and, when I last saw him (in April 1875), I could discover no trace of his disease remaining.

There is a point worthy of remark which I noticed soon after he left the hospital. I have already stated that, before I applied acupressure to the ascending branch of communication, pressure on the occipital beyond had no effect on the *bruit*. Afterwards, however, I found that the sound ceased equally when pressure was applied below, and when it was applied to the occipital beyond; thus showing, I think, that the force of the ascending current of blood through the diseased vessel had been so far diminished by the acupressure that, when free circulation through it was interrupted by pressure beyond, the sound was arrested, whereas previously the impulse of the ascending current was sufficient to produce its effect, notwithstanding the same interference with the onward flow.

It may be asked why I did not, in the first instance, tie the occipital artery in the neck, as was in fact suggested to me, instead of resorting to the apparently severer measure of ligaturing the common carotid. In the first place, I believe that ligature of the occipital would have been insufficient to cure the disease, in consequence of the free communication which that vessel has in the scalp with the temporal and posterior auricular of its own side, in addition to its anastomoses across the median line, which latter, of course, remain open in either case. Secondly, the dissection required to expose the occipital artery in the neck is one of great difficulty; it is no easy matter to find the vessel in the dead body, and in the living I believe the procedure would probably involve greater danger than the ligature of the main trunk. The occipital artery lies far from the surface, ascending along the posterior belly of the digastric muscle, and somewhat overlapped by it, covered also by the sterno-mastoid muscle and the parotid gland. It is a very difficult thing to find a vessel of that limited size in a deep dissection in the neck, especially as there are no very definite landmarks, and the artery is not very constant in its course, or in the level at which it takes its origin from the main trunk. I believe, therefore, I did right to tie the common carotid, and this conclusion appears to have been borne out by the result.

The only other alternative would have been to expose the vessel at the seat of the disease, and ligature it there. This idea I rejected, because it would have involved a division of the sterno-mastoid, splenius, and trachelo-mastoid muscles, and a search for the vessel against the under surface of the temporal and occipital bones, besides the disadvantage of applying the ligature to an unhealthy vessel. Had it been possible to expose it and secure it on both sides of the disease, this might perhaps have been the best course to pursue, but it was impracticable, because the dilated part almost certainly extended along the groove under the mastoid process, and was therefore quite out of reach.

ON CHOREAL MOVEMENTS AND CEREBELLAR RIGIDITY IN A CASE OF TUBERCULAR MENINGITIS.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.,

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THE following case is clinically interesting, whatever the explanation may be of the rare symptoms presented. The movements this child had were exactly like those of a case of acute chorea. By merely watching the patient, no one could, I think, have supposed it was anything else. It was, indeed, for a while a case of chorea; but its pathology was unusual. I took careful notice of the movements; they were not mere tremors, nor vague starts, but movements quite indistinguishable from those of scores of patients I have seen with choreal movements. My friend Mr. G. E. Herman, who has along with me taken notes of about eighty cases of chorea, quite agreed with me in my opinion. Dr. Ferrier saw the patient with me, and he was so good as to examine the brain for me. It will be noted that no plugs were found in the vessels.

The diagnosis of tubercular meningitis in this case was made by the history. The existence of swelling of the optic disc would, I think, have shown that it was not an ordinary case of chorea.

I must say what I mean by the expression "cerebellar position", used by me in the following notes. In some cases of disease of the middle lobe of the cerebellum, the patient lies on his back, with his legs and feet extended, the latter a little turned in; the arm is acutely flexed at the elbow; the wrist is flexed, and the palm is turned

towards the front of the upper arm. The head may be thrown back. The spasm is tonic. In some cases of tumour of the middle lobe of the cerebellum, besides this permanent set of the limbs and body, there occur paroxysms of spasm very like those of ordinary traumatic tetanus.

The reader will find interesting remarks on the pathology of tubercular meningitis in Rindfleisch's work (New Sydenham Society's translation, vol. ii, p. 312). Speaking of "the tubercular degenerations of the vasa propria of the brain", he says: "These extend to the very edge of the centrum of Vieussens, causing mechanical impairments and lesions of the cortical substance, not only by obstructing the vessels, but mainly by the numerous extravasations to which they give rise." He says also: "I have a case on record in which the cortical substance around the fissure of Sylvius was in a state of 'red softening'; and this change could be readily traced to countless punctiform hemorrhages from the tuberculous blood-vessels of the brain-tissue." Rokitansky also alludes to extravasations caused by the growth of tubercle." I suppose these extravasations are the result of plugging of vessels—a now well recognised cause of the hyperæmia and extravasations of ordinary red softening.

I regret that I have not the name of the clinical clerk to whom I am indebted for the following notes. I only saw the patient twice.

W. E. B., aged 4½, was admitted February 27th, 1873. The child was supposed to be well until the morning of Christmas-day, when he had no appetite for breakfast or dinner. In the afternoon, he was put to bed. When he got up in the evening, he complained of pain in the abdomen and chest. For two or three days, he lay on his back, with his legs drawn up; or, if put on his feet to walk, "he walked about doubled up". He took very little food; the bowels were open about once in two days; his stools hard, and small in quantity. He never had any diarrhoea, and never passed any blood or slimy fæces. He was very hot, and perspired a great deal while asleep. This continued for about three weeks; then the child improved for a few days, but relapsed into the former state. He had continued ill, "on and off", ever since.

On admission, the child appeared very emaciated; abdomen flaccid and sunken. He complained of pain in the abdomen. He had not had his bowels open for eight or nine days, and had been sick for nearly a week. He was very irritable in manner.

March 5th. His mother said he had not known her since five o'clock this morning. She thought he could not see, and could not speak. His temperature this morning was 100. Choreic movements appeared during the night. Dr. Hughlings Jackson saw him in the afternoon and made the following note. "He appears to be quite insensible. The movements are now very decided; affect both sides, but left side rather more than right. Arms, face, and legs are all working, and in degree according to the order given. The most frequent movement in the face is one like a sneer on the left side." The movements were too rapid for certain computation. The left arm moved about forty-seven times in one minute, and sixty-seven times the next. In the evening, the temperature was 100.4.

March 6th. He went to sleep at 2 A.M., and had been still since. His temperature in the morning was 100.1. There is no note as to his general condition, except what is to be inferred from the statement that he ate an egg. At tea-time, the right optic disc was decidedly swollen; the veins were very dark. The left disc was almost normal, but the veins were very dark. Evening temperature, 100.15.

March 7th. Morning temperature, 100.15. He now lay quiet, and did not move. His mother reported that, except a twitter of the arms, he had not moved all day. His face was placid. Dr. Hughlings Jackson made the following note. "His two arms are now in the 'cerebellar position'; and so, I am told, they have been all day and night, except that once he moved the left downwards. The arms are tremulous; the tremor is occasional, and as if on attempt at slight movements. There is no frown on his face. His masseters are very rigid. His legs are kept straight out; feet extended (he was lying on his back). His belly is much retracted, but the abdominal wall is not stiff. He occasionally puts the left arm down slowly and vaguely, but it soon goes up again. The right arm is rigid. The elbows are kept to the side." There was no discharge from either ear. On account of movements of his eyes, ophthalmoscopic examination was impossible. The nurse said he never moved again. He died on the 9th, at ten o'clock in the morning.

Necropsy.—The child was very much emaciated. There was seen, on removing the dura mater, a large quantity of serum. At the base, there were the usual signs of tubercular meningitis. The optic nerves were imbedded in lymph. The pons, medulla, and the upper and under surfaces of the cerebellum were much affected. The lungs were crammed with very fine miliary tubercles. No tubercle was found in the liver, spleen, nor kidneys. The intestines were not opened. No cheesy

matter was discovered in any part of the body. The following was Dr. Ferrier's report of the part sent to him.

The base of the brain (including all the structures comprehended in the circle of Willis) was involved in a semipurulent mass enclosed in meshes formed by recent adhesions. The lips of the Sylvian and longitudinal fissures were glued together, and the cortical matter softened by similar tuberculous exudation. On dissecting down and tearing through the adhesions, the circle of Willis and its branches were found to be thickened with tubercular thickenings of the adventitia, and embedded in semipurulent matter. The exudation accompanied the anterior and middle cerebral arteries in almost their whole extent. The gyrus fornicatus, the island of Reil, and the convolutions overlapping it on each side, were coated and softened with tubercular matter. The posterior cerebral arteries were similarly involved, and the exudation extended round the crura cerebri on to the superior surface of the cerebellum. The membranes on this situation were studded with miliary tubercles, especially on the right side. The blood-vessels were pervious apparently in their whole extent. The vessels of the corpora striata were not occluded; but both corpora striata were considerably congested, especially the right. The torn-out vessels were filled with fluid blood. No embola could be detected. The spinal cord was not examined.

THE TRUE AND FALSE CROUP OF FRENCH PATHOLOGISTS.

By GEORGE JOHNSON, M.D., F.R.S.,
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IN the last number of the JOURNAL, Sir John Rose Cormack reiterates his statement that the "faux croup" of the French is synonymous with our English terms "laryngismus stridulus" and "spasmodic croup". "It is," he says, "a neurose, and not an inflammation." And, on the same page of the JOURNAL, Dr. Risdon Bennett maintains that Sir John Rose Cormack is right, and that I am wrong in denying his accuracy. Let us, then, look at the evidence in proof of this position. Sir J. R. Cormack quotes several French writers; and first he gives from the *Dictionnaire de Médecine*, etc., a passage, the essential part of which I venture to translate as follows.

"STRIDULOUS LARYNGITIS, OR SPASMODIC CROUP, OR FALSE CROUP.—Stridulous laryngitis, a disease apparently bordering on croup as regards the age of the patient and the attacks of suffocation which characterise it, is only a *neurosis of the larynx grafted upon an acute laryngitis*."

Now, upon this passage I remark, that the name of the disease, "stridulous laryngitis", implies that it is an *inflammation* of the larynx; and Sir J. R. Cormack's statement, that it is a neurosis, and not an inflammation, is in direct opposition to the passage which I have placed in italics.

The second authority quoted I translate thus:

"STRIDULOUS LARYNGITIS. Syn.: False croup (Guersant); stridulous angina (Bretonneau); spasmodic laryngitis (Rilliet and Barthez). The spasm of the larynx which constitutes, properly speaking, one of the elements of stridulous laryngitis, may exist alone, and differs from it then only *in the absence of the primary or concomitant laryngeal catarrh*."

Here, again, we have the disease named and described as an inflammation of the larynx complicated with spasm, as we know that acute laryngitis—in children especially—usually is. No one surely would maintain that the spasm without the laryngeal catarrh is the same disease as catarrh with the addition of spasm.

I propose now to refer briefly to those unquestionable French authorities on this subject upon whom I rely in support of my statement that their "faux croup" is *not* identical with our spasmodic croup or laryngismus stridulus, as Sir J. R. Cormack and Dr. Bennett maintain. I suppose it will be admitted that the "true croup" of the French pathologists is by them defined as a diphtheritic membranous laryngotracheitis. It will be conceded that, upon this subject, Trousseau is as high an authority as can be quoted; and he describes "true croup" as a product of diphtheria. What, then, according to Trousseau, is "false croup"? His lecture on this subject will be found in the third volume of his *Clinical Medicine* (p. 72, New Sydenham Society's translation). The title of the lecture is, "Stridulous Laryngitis, or False Croup". Will Sir J. R. Cormack and Dr. Bennett maintain that the subject of that lecture is what we in England call spasmodic croup or laryngismus stridulus? Will they deny that the disease there described is an acute catarrhal laryngitis—what we in this country should call simple inflam-

matory croup, as distinguished from diphtheritic croup? The disease which we English call spasmodic croup, and sometimes false croup, is described by Trousseau as a neurosis in connexion with infantile convulsions, under the names of "laryngismus stridulus" or "thymic asthma" (vol. i, pp. 354-5, New Sydenham Society); and all French authorities of eminence are entirely in accord with Trousseau as to the pathology and the nomenclature of these diseases. On a disputed question of this kind, it is not usual to quote, as Sir J. R. Cormack has done, a grinder's cram-book.

Dr. Risdon Bennett quotes a passage from Guersant on "stridulous laryngitis" or "false croup", and assumes that the disease there described is laryngismus stridulus or spasmodic croup; whereas, to any one who will take the trouble to read the context, it must be obvious that Guersant is referring to simple inflammation of the larynx, which he contrasts with the specific diphtheritic membranous inflammation. Is it conceivable, that any French pathologist would describe a pure neurosis of the larynx under the name of laryngitis? Dr. Bennett's misinterpretation of the term "false croup", which Guersant states that he first proposed as a substitute for that of "the acute asthma of Millar", has probably been favoured by his erroneous belief that "Millar's asthma" is synonymous with "thymic asthma" or laryngismus stridulus". With reference to this mistake, I quote the following from Trousseau (New Sydenham Society's translation, vol. i, p. 355). "I need not remind you of the distinction between *thymic asthma* and the *acute asthma* of Millar; the latter is stridulous laryngitis, in which the spasm of the larynx which characterises it is due to an inflammation of the respiratory tract."

If, then, I am wrong in my statement that the stridulous laryngitis or false croup of French pathologists is an inflammatory disease, with or without spasmodic complication, and not a purely spasmodic laryngismus stridulus, I err in the very respectable company of Trousseau and Guersant, and I may add, of Bretonneau, whose doctrine is identical with theirs. I would ask Sir J. R. Cormack this question: If the disease which the French writers designate stridulous laryngitis or false croup be not identical with our catarrhal laryngitis or inflammatory croup, under what name do they describe our English inflammatory croup? Do they omit it entirely, as he omitted it from his proposed nomenclature of diseases allied to croup?

With regard to the relation between croup and diphtheria, Dr. Bennett says, "The absence of all reference to paralytic symptoms in the older writers is remarkable". Still more remarkable is the absence of all reference to these symptoms in the elaborate and for the most part accurate and exhaustive memoirs of Bretonneau on *Diphtheria*.

Before I conclude, I desire to point out a mistranslation which, to English readers of Trousseau's *Clinical Medicine*, may be very perplexing. In the second paragraph from the bottom of page 477, vol. ii, reference is made to "the cough of laryngismus stridulus or false croup". Here the term *laryngismus stridulus* is the translator's erroneous substitution for *laryngite striduleuse*; so that, by the mistranslation of this passage, it is made to appear that Trousseau employs the term laryngismus stridulus as a synonym for false croup. No argument is needed to show that the conversion of the French *laryngite* into the Latin *laryngismus* is unauthorised and misleading. The sound is somewhat similar; but the sense is as different as that implied in the words "inflammation" and "spasm". The passage in the original French occurs in Trousseau's lecture (xix) on Diphtheria, vol. i, at the top of page 342, 2nd edition.

A NOVEL TREATMENT OF OBSTINATE VOMITING IN PREGNANCY.

By EDWARD COPEMAN, M.D., F.R.C.P.,

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IN furtherance of the views I expressed at our last annual meeting of the Association, that *practical knowledge should be freely communicated to the profession through our JOURNAL*, and which I still urge upon the attention of our members as a valuable means of effecting improvement in the treatment of disease, I forward three cases which have occurred recently in my own personal experience, and which, if further corroborated, may open a wide field of usefulness in the treatment of a very obstinate, rebellious, and sometimes fatal form of sympathetic disorder. The disease to which I refer is urgent sickness in connection with pregnancy, which is now and then so severe as to render premature delivery necessary to save the life of the mother. During a long professional life, I have had much experience of this troublesome affection, and amongst medicines have found calumba and oxalate of cerium the most beneficial; but these and all other medicines often fail,