fever, and delirium. Leeches and ice were applied. When consciousness returned, she could not speak. She thinks now that the difficulty lay in the articulation of words; she says she had to learn to speak again like an infant. It is, however, evident, from her own account, that there was also some aphasia, even if the loss of speech were not entirely aphasic. There was no paralysis of the tongue or of the muscles of the mouth; she was in good health; and was able to work regularly as an apprentice to the straw-bonnet trade. Her fellow apprentices gradually taught her to speak again; but for two years she had great difficulty in expressing herself, and would often use one word for another something like it either in sound or in meaning. The catamenia did not appear till she was 20; from this time, the loss was regular and apparently normal till four months ago, when it ceased suddenly. At the age of 22, she had "rheumatism" very badly in her legs. There is no history of swelling of the joints, or of heart-affection. Vapour-baths cured her. At 26, she had an attack of constant crying for nothing. She was not unhappy, but she cried incessantly for three months. From that time to the commencement of the present attack, she was often "hysterical", crying and laughing for nothing, was very nervous, and easily worried, "never good for much".

History of Illness.—Seven years ago, she began to notice that her legs were weaker than they had been. The knees would occasionally give way, and the legs felt very heavy and tired. Soon afterwards, she had some aching of the lower part of the spine, and was always glad when she could lie down. The weakness of the legs gradually got more and more marked till April 1874. She had then not lost locomotive power, but she walked with difficulty, and was very soon tired. There had never been any impairment of sensibility in the limbs. In April 1874, the knees began to contract; the contraction increased rather rapidly, and in a few weeks she was not able to walk at all. One month after the contraction began, she went to a hospital, and was there thirteen weeks. Then she went to another hospital; and here chloroform was given, and she was told that the contraction completely disappeared under its influence. While she was in the anæsthetic state, fourteen-pound weights were applied to each foot. This caused intense pain, and in two days a further attempt was made to straighten the limbs by putting them into screw-splints. This also caused very severe pain, and finally the patient discharged herself in September 1874, rather than submit to it. She thinks that the contraction was much worse after those attempts to overcome it.

State on admission.—Both the lower limbs were in a condition of spasmodic flexion; the thighs upon the pelvis, and the legs upon the thighs. The left adductors were also in a state of tonic spasm, so that, while both thighs were flexed, the left one was carried across the right, and the left knee was pressed forcibly against the lower third of the right thigh. The muscles of both thighs were apparently wasted, while to the touch they felt much harder than normal. There was no impairment or perversion of sensibility in either limb; no loss of power over the rectum or bladder; no bed-sores, though the patient had now been confined to bed for ten months. There was no exaggeration of reflex movements. In spite of the contraction the limbs were not entirely without power of movement; they seemed to have some motor power, though it was restrained by the spasm, rather than to be contracted as a result of paralysis. Examination of the spine showed some tenderness over the lower lumbar vertebra; no feeling of burning was perceived on passing a hot or a cold sponge down the spine. No sense of constriction was felt round the body. As to electro-contraction, very feeble contractions were produced by a strong faradisation current; electro-sensibility also was much diminished. After this was tested, the patient thought the contraction was decidedly worse. Chloroform to complete surgical anæsthesia made scarcely any perceptible difference to the contraction. The anæsthesia was maintained for six minutes. The urine was acid, of specific gravity 1024; no albumen. She complained of dimness of sight; she could only read No. 30 Snellen's types. Even this soon became misty. She said she had "dizziness" of the eyes. There was no strabismus. The corneæ and media were clear; the pupils equal. Dr. Broadbent, who was good enough to examine the eyes, reported that rather more than the outer half (of image) of the optic discs was unnaturally white, and the centre depressed; the inner segment was fairly vascular. The retinal arteries and veins were rather small. The condition was similar in the two eyes. In the right eye, to the outer side of the disc (distant about three diameters of the disc), and a little below the level of the disc, was an irregular patch, in which the choroid and retina were atrophied and white sclerotic showed through. There was slight inequality of the labial muscles; on showing the teeth, the levator anguli oris on the left side acted less vigorously than on the right; the tongue was protruded in the median line and was well nourished; there was no fault of articulation; the palate muscles acted well and equally. There was no sense of weakness nor any contraction of the arms.

REMARKS.—This case seems to me to belong to the group recently described by M. Charcot, in which the tonic contraction depends upon sclerosis of the lateral columns of the spinal cord. In some respects, however, it does not agree with M. Charcot's account. In the cases he has observed, the rule has been for the upper limbs to be the first affected; for the contracted limbs to be in the position of extension; and for wasting of the muscles not to appear early in the lower limbs. In my case, the arms are at present, after ten months' contraction of the legs, quite unaffected; the legs are rigidly flexed, instead of being extended; and there is decided muscular wasting. I have also not observed the trembling of the affected limbs which M. Charcot mentions as a prominent symptom. But, though exceptional in these particulars, I think M. Charcot would accept the case as one of sclerosis of the lateral columns. The diagnosis lies between this and hysterical contraction. As bearing upon the at present unknown pathology of hysterical spasm, it is interesting to note that, so recently as in August 1874, the contraction is said to have disappeared under chloroform; and if this be correct, it might at that date fairly have been described as hysterical. M. Charcot seems to recognise that hysterical spasm may run into the permanent spasm of sclerosis, and this may have been the sequence of events here. If it be true, as maintained by M. Charcot, that tonic muscular contraction means always disease of the lateral columns, either primary or consecutive upon cerebral or upon other spinal disease, it may be that hysterical spasm depends upon some temporary impairment of nerve force or of conducting power in part of the lateral columns, by which the affected part is rendered as useless for the time being as it is permanently in sclerosis. Moreover, if it be found clinically that contractions once hysterical do frequently go on to the permanent contraction of sclerosis, there would be reason for suspecting that the pathological condition of the cord in the two conditions must be related to each other. The muscular wasting, and the loss of electro-contraction and electro-sensibility, indicate, according to M. Charcot, that the sclerosis has extended from the lateral columns to the anterior cornua of grey matter in the cord.

The case does not seem to me to admit of treatment. Electricity in any form is, I imagine, distinctly contraindicated. Tonics and counter-irritants to the spine are not likely to be of the smallest benefit. Cod-liver oil and a little bromide of potassium have been given to help nutrition and to procure sleep. With the view of testing the effect of conium on permanent spasm of this kind, large doses, *i.e.*, four and five drachms of the succus (Bell's), have been given repeatedly. As might have been anticipated, the effect was *nil*.

The propriety of performing tenotomy on the contracted tendons was considered; and, as there seemed to be no reasonable probability of its affecting the tonic muscular spasm upon which the contractions depend, the operation was not advised.

ON THE VALUE OF TAR IN BRONCHIAL CATARRH AND WINTER-COUGH.

By SYDNEY RINGER, M.D.,

Professor of Materia Medica and Therapeutics in University College, London; and

WILLIAM MURRILL, L.R.C.P.

THE frequent and popular use of this remedy, both by the profession and by the laity, in France and Belgium, led us to try its effects. Patients so susceptible to cold, that they were obliged to remain indoors the whole winter, informed us that this remedy curtailed considerably the duration and lessened the severity of their catarrhal attacks, and that, by an occasional recourse to the tar, they became less prone to catch cold, and could more freely expose themselves to the weather, without incurring an attack. It will be seen that our observations confirm these statements.

We employed tar in two-grain doses, made into a pill, every three or four hours. From October to January, inclusive, we carefully watched its effects on twenty-five patients, whose ages varied from 34 to 70, the average being 44. All these patients had suffered for several years from winter-cough, lasting the whole winter. They were out-patients, and visited the hospital weekly, or oftener. Most of them were much exposed to the weather, whilst some were so ill, that they were obliged to stop work, and, therefore, were less exposed.

These patients suffered from the symptoms common in winter-cough—paroxysmal and violent cough, the paroxysms lasting from two to ten minutes, and recurring ten to twelve times a day, and, in the night, breaking their rest. The expectoration, frothy and slightly purulent, was generally rather abundant, amounting in some cases to half-a-pint or more in the day. The breathing was very short on exertion, but

most could lie down at night without propping. The physical signs showed a variable amount of emphysema, with sonorous and sibilant rhonchus, and occasionally a little bubbling rhonchus at the base.

These patients usually began to improve from the fourth to the seventh day; the improvement rapidly increased, and, in about three weeks, they were well enough to be discharged. The improvement was so decided, that the patients returned to their work; even those who in previous years had been confined to the house the whole winter. The cough and expectoration improved before the breathing. In several cases, the expectoration increased during the first three or four days; but its expulsion became easier, and, with the improvement in the cough and expectoration, appetite and strength returned.

On discontinuing the tar, a relapse often occurred in a week or two, and the patients returned with a request for more of the same medicine, and then, a second time, the symptoms quickly subsided. We found it useless in bronchial asthma, and its effects were more evident in cases where expectoration and cough were more marked than dyspnoea.

We have no doubt that tar is a good, useful, though, perhaps, not a striking, remedy in these troublesome affections; and certainly it is more efficacious than the drugs generally employed.

It may be remarked, that tar is useful in the same cases for which the spray of ipecacuanha wine is serviceable. The spray, we find, acts much more quickly, and, unlike tar, it lessens dyspnoea even before it improves cough or diminishes expectoration.

We have this year continued to carry on our observations with ipecacuanha wine spray, and with results confirmatory of the statements made in August last. We find, however, that some patients are very intolerant of ipecacuanha spray, which causes in them a good deal of irritation, and even tightness of breathing. It is advisable, therefore, at first to dilute the wine with one or two parts of water: a precaution especially needful for patients affected with much dyspnoea, with lividity; for the spray may for some hours much intensify the difficulty of breathing and lividity, so as to alarm the patient and friends.

It may be not much out of place to mention here that, in several cases, we have found the spray very serviceable in non-febrile inflammatory sore-throats, the mucous membrane being swollen and very red. We have found it useful, too, in hoarseness from congestion of the vocal cords. Where the hoarseness has lasted a few days only, or one or two weeks, the spray often speedily cures; but, where the hoarseness has persisted three months or longer, the spray even improves the voice considerably, but some hoarseness remains.

THERAPEUTIC MEMORANDA.

DOSES OF CAMPHOR.

I AM still of the same opinion as when I wrote to the *Times*. It must not be forgotten that the dose is marked on these bottles "from three to five drops", which will contain about two and a half grains of camphor; and in such doses, if there be nothing but camphor, they may be taken with impunity.

I have received the following letter.

"2, East Parade, Rhyl, March 11th, 1875.

"Sir,—I trust you will excuse the liberty I am taking; but, having read the letters in the *Times* March 5th, and your reply on the 6th, also the rejoinder on the 8th, I send you the copy of a prescription I was told of above thirty-five years ago by a London practitioner who had used it for very many years, and I have used it ever since. R Camphoræ gr. x; spr. vini rect. q. s. ut fiat pulvis; pulv. acaciæ gr. xv; tincturæ opii ℥xx; tincturæ lavand. co. 3ss; aquæ 3x. M. fiat haustus. This is the best draught I ever used after confinement for after-pains. If the patient could not bear the tinctura opii, I omitted it. I almost invariably gave it with the tinctura opii with the very best results, and never had any unpleasant symptom or mischief produced by it. I have found it extremely useful in painful menstruation or irritation of the uterus. It is unfortunately given just in the state, 'the minute subdivision', said by the physician to be more poisonous. But, after my long experience of its use, I should not give it up upon the mere *ipse dixit* of any person. You are perfectly at liberty to make use of this letter, if you think proper.—I am, sir, your obedient servant,

"G. J. S. CAMDEN, M.R.C.S."

Allowing that opium and camphor are to a certain extent antagonistic, I think the above letter is sufficient to condemn the statement in last week's JOURNAL that camphor is absolutely "poisonous, drop by drop, as the prussic acid of the *Pharmacopœia*". C. R. BREE, M.D.

CLINICAL MEMORANDA.

EPIDEMIC JAUNDICE.

IN common with many parts of England, we have had influenza at Stamford to a very great extent since last October. During the progress of the malady, it has been interesting to notice how much catarrhal inflammation of the various mucous membranes has prevailed. In the epidemic, one of the most curious facts was acute jaundice in children. I had fifteen cases in my own practice, in children under 10 years of age, during November and December last, and I heard of others. The digestive tract of mucous membrane was nearly as much affected by the influenza as the respiratory tract, mucous diarrhoea being most common. There can be no doubt that the jaundice was caused by catarrh of the bile-ducts. The disease set in soon after the intense chill; there was often shivering at the commencement of the influenza. The disease was analogous to the jaundice one sees associated with ague in the adult, and which one regards as depending upon active congestion of the liver. Unlike jaundice connected with ague, the jaundice of my cases was more amenable to treatment. No case lasted more than three weeks. The recovery was perfect. Epidemics of jaundice are rather unfrequent, and, when they do happen, it is well to record them for future reference. In Mr. Simon's Sixth Annual Report to the Privy Council, there is an interesting account by Dr. Ord of an epidemic of 2,300 cases at Rotherham in 1863.

J. M. HEWARD, Medical Officer of Health, Stamford.

THE RELATION OF CROUP AND DIPHTHERIA.

THE following cases, which have recently fallen under my notice as medical officer of health, tend, I think, to corroborate Sir William Jenner's theory of the identity of croup and diphtheria. About the middle of January, I was informed of a death from croup in a village about a mile and a half from this town. Hearing that members of the family generally suffered from "bad" throats, I analysed the well-water, and found it polluted with sewage. On inspection, I found the drainage most faulty, allowing easy percolation into the surrounding soil. I was informed by the medical attendant that, in this case of "croup", not a speck was to be seen in pharynx or fauces. During the ensuing week, a boy from the same house, who had recently returned to a large school a mile and a half on the other side of the town, complained of his throat; the same medical man saw him; the ailment appeared but slight. A few days afterwards, I was requested by the ordinary medical attendant of the school to visit and inspect the place, as he had a very bad case of diphtheria under his care, which in a few days ended fatally. On inquiring into the cause of the disease, I found that on the Sunday before the patient had been for some hours in the hospital ward with the boy previously mentioned. The water-supply of the school was pure, and the sanitary conditions fair. There was no other case. It appears to me that the evidence of direct infection is clear, from the "croup" case to his elder brother at school, and from him to his schoolfellow, whose case terminated fatally. At the same time that this was taking place at the school, another child in the house where the croup first occurred was attacked with genuine diphtheria, and died.

HENRY J. ALFORD, M.D., Taunton.

SURGICAL MEMORANDA.

SPINA BIFIDA.

IN the BRITISH MEDICAL JOURNAL of March 13th, I observe in the Surgical Memoranda, "Case of Spina Bifida treated by Injection of Solution of Iodine: Death", by Mr. J. E. Burton of Liverpool. The result will not surprise any one who notes the nature of the case. It belongs to a class of cases all but absolutely hopeless, in which the lower limbs and lower part of the trunk of the body are paralysed, and the infants usually die in a few days. Instances of longer survival are rare indeed, and I am not aware that there are any on record in which the paralysis was so very extensive as in Mr. Burton's case. When speaking of such cases to my clinical students, it has been my habit to exclude paralysed cases as unfit for operation; and, though an occasional exception to this rule may occur, it is very likely that I would have declined to treat such a case as Mr. Burton's. I have to thank him, however, for relating it; for, *quantum valet*, it confirms the rule referred to, and also shows that, even in such hopeless conditions, no immediate bad effect followed the use of the iodine solution. From the refilling of the tumour, I infer that the cerebro-spinal fluid did not continue to drain away, which it is important to prevent. I may