or connected with gall stones, hydatids, or operative procedure on the large bowel) is the result of dysenteric ulceration.

THE ACTION OF *SENECIO JACOBÆA* IN THE TREATMENT OF FUNCTIONAL AMENORRHOEA.

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SOME years ago I learnt that the common ragwort (*senecio Jacobæa*) made into tea was extensively employed in many parts of England in the treatment of various menstrual disorders. I looked up the literature of the subject, but could find nothing definite. I found, however, that a closely allied species, the *senecio aureus*, was employed by the eclectics under the name of "life root" as an emmenagogue. In an old herbal I came across the statement that it acted with such certainty that it was commonly known as the "female regulator."

I had several pounds of ragwort collected and made into a 1 in 10 tincture, and my first endeavour was to ascertain the dose and the quantity which could be taken with safety. I began with half-drachm doses of the tincture in water three times a day, and gradually increased the quantity until I took half an ounce four times a day for a month without producing any effect.

I then began giving it to women suffering from menstrual derangements, and found that it answered well in cases of amenorrhœa. My observations have not been confined to the tincture, for in many cases I have employed a 1 in 1 liquid extract. I have reason to think that this liquid extract was sometimes prepared from the *senecio aureus*, but I do not think that the substitution of one species for the other is a matter of any importance, as apparently they have the same action. I have also used with good results the active principle known as *senecin*, a dark resinous-looking substance, the minimum dose of which is 2 grains three times a day.

I find *senecio* useful in those cases in which the menstrual function, having been performed regularly for some years, has been suddenly suspended as the result of exposure to cold.

L. G., aged 18, commenced menstruating at the age of 14, and had always been perfectly regular. The period usually lasted four days, was fairly profuse, and unattended with pain or discomfort. Six months before coming under observation she took a situation as chambermaid in a country hotel, where she slept in a cold damp room. The menses ceased, and she saw nothing for five months. She was examined, and there were no indications of pregnancy. On May 26th, 1893, she was ordered one drachm of tincture of *senecio* in water four times a day. On May 29th the dose was increased to two drachms four times a day, and on June 5th to three drachms four times a day. On June 8th the catamenia appeared, and lasted three days. She was given a tonic, and was not seen again.

In the majority of cases the period is not re-established until the drug has been taken for ten days or a fortnight, but in one case the patient, after having missed for two months, came on unwell after six 2-drachm doses. As a rule the patients were given only one drachm three times a day to begin with, the dose being gradually increased. This precaution, however, is unnecessary, and it is perfectly safe to begin with a couple of drachms of the tincture, or 20 minims of the liquid extract four times a day. Either preparation is taken without difficulty, and induces neither purging nor vomiting.

In some cases which were under observation the amenorrhœa was associated with marked anæmia, and then *senecio* failed. On giving iron the catamenial function was sometimes restored without further treatment, but when the periods failed to make their appearance *senecio* answered well. In cases of amenorrhœa following parturition *senecio* answers admirably, provided always that anæmia is not a prominent symptom.

Mrs. B., a stout well-nourished woman, aged 24, had been married three years, and had had three children. She had always been perfectly regular, except when pregnant. The menses ceased in March, and in the following December she was delivered of twins. The labour was not prolonged or difficult, and there were no complications. She suckled the children for a fortnight, and then weaned them. She came under treatment on March 18th, and complained that she had seen nothing

since her confinement. She was not anæmic, and there was no history of syphilis. On vaginal examination nothing abnormal was detected, except that both ovaries were tender. She was ordered 20 drops of the fluid extract of *senecio* three times a day, and came on unwell on March 22nd, the period being profuse and lasting three days.

In another case the patient had seen nothing since the birth of her first child, five months previously. She was suckling the child, and was slightly anæmic. She had no leucorrhœa, and the condition of the uterus was normal. She was given a drachm of the tincture four times a day for four days, and the dose was then increased to 2 drachms twice a day. After taking four doses of the stronger mixture the catamenia appeared and lasted four days.

In cases in which the menstrual period has never been established *senecio* is sometimes useful.

C. G., an ironer, came to the hospital on February 25th, 1893. She stated that she had never seen anything, but every month had a severe pain in the back and stomach, which lasted two or three days. The pain was always followed by bleeding from the mouth and gums. The hæmorrhage lasted only for a few minutes, but it occurred several times a day for three or four days, and always came on immediately after the pain and at the same time every month, the last time being on February 14th. The breasts were well developed and there was hair on the pubes. On February 25th, 1893, the patient was ordered a drachm of the tincture in water three times a day. On March 1st, this was increased to 2 drachms three times a day, and on March 11th to 2 drachm four times a day, which was continued until April 3rd, when, after three days of acute abdominal pain she came on unwell, the period lasting one day. The pain on this occasion was not accompanied by the usual bleeding from the mouth. The medicine was discontinued immediately on the appearance of the period, but was resumed in 2-drachm doses four times a day on April 8th. On April 19th she came on unwell quite unexpectedly, the period lasting two days, being much more profuse and again being unattended with bleeding from the mouth. This case is satisfactory, but the drug should not have been discontinued quite at the commencement of the menstrual flow, and it should not have been resumed until a week or so before the expiration of the month.

In another somewhat similar case the patient, a girl of 17, was regular, but the menses were scanty and at each period she spat blood three or four times a day. She said it was bright red blood and that there were several mouthfuls each time. Her chest was examined but nothing abnormal was detected. Her next period was due in a fortnight. On June 19th she was ordered 2 drachms of the tincture three times a day, and this she took without intermission until July 2nd, when she came on unwell. The flow was much more profuse than it had ever been before and there was no spitting of blood.

I am satisfied that *senecio* not only anticipates the period but that it also increases the quantity. In many cases it relieves the accompanying pain and not infrequently the headache from which some women suffer at those times. In one instance the administration of the drug was coincident with the disappearance of a profuse leucorrhœa from which the patient had suffered for many months.

I have not attempted to give any numerical results of my observations, for figures, especially when accumulated slowly and at long intervals, are apt to prove misleading. There is, I think, very little doubt that we have in *senecio* and its preparations a drug which deserves to rank with permanganate of potassium and binoxide of manganese in its power of stimulating the menstrual flow.

A CASE OF PERIPHERAL PARALYSIS FOLLOWING VARICELLA.

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THE late discussion at the Medico-Chirurgical Society upon paralysis following measles and other exanthemata induces me to put on record the following case of paraplegia immediately succeeding an attack of varicella. It does not conform to the type of nerve lesion, which was then chiefly considered, since the area of nerve disturbance was definitely localised, and the affection, after a sudden onset, ended in a comparatively brief space of time in complete recovery. It is, nevertheless, of some little interest, for with the exception of the so-called varicella gangrenosa that affection is usually considered of the slightest importance, and free from any complications or sequelæ. I have myself been unsuccessful in finding recorded any undoubted case of nerve affection following chicken-pox, and the fact that both Ross and Gowers in their handbooks omit all reference to such an association proves it to be of extreme rarity.

S. B., aged 2 years 5 months, was brought to Great Ormond Street Hospital for Sick Children on account of a difficulty in walking. The family history was quite unimportant. The patient was one of three children, of whom the eldest was 4 years and the youngest 10 months. All were robust, and none had suffered from any of the neuroses of

infancy. They had all been successfully vaccinated, the patient in three places. Six and a-half weeks before the patient was first seen, the three children developed chicken-pox at about the same time. The attack was of moderate severity in each case, and the eldest and youngest children completely recovered. The patient, however, who lived under exactly the same conditions as the others, and had been exposed to no other influences, so far at any rate as I was able to discover, was found one morning, a fortnight after the onset of the varicella, to be completely paralysed in his lower extremities. The evening before he seemed in his usual condition of health, and his mother feels certain that no attack of convulsions occurred during the night, or indeed at any other time. A few crusts of the original disease still remained when the paralysis occurred. A doctor was sent for, and found that he could stick a pin into the soles of his feet without producing any pain. Beyond this, however, he did not seem to have made any very thorough examination, so that it was impossible to obtain any important particulars concerning the acute stage of the affection. The arms could be moved about as freely as before, and at no time is it likely that either the face or they were ever affected. There was no history of regurgitation of fluids through the nose, or dilatation of the pupils, and the speech remained unaffected from the first. There was, in addition, no reason to suppose that the patient had suffered from any sore throat at the time, so that the possibility of diphtherial paralysis may be placed on one side. For three weeks the paralysis remained complete, and the child apparently made no effort to move his lower extremities, which remained extended on the bed flaccid and motionless. Nine days afterwards he made his first attempt at walking, and two days after this he was brought to hospital, when he was encouraged to walk a few yards. His steps were short, and made with the greatest circumspection, with widely separated legs. In fact, the general character of the gait was decidedly ataxic, although there was a considerable amount of shuffling of the toes, on account of a preponderating paralysis of the extensor muscles. It is practically impossible to obtain any very accurate observations in children in regard to disturbances of sensation, but in the present case a large amount of sensory disorder was undoubtedly present, for very severe pinches of the legs evoked no muscular response, and the child was perfectly indifferent about them, however energetically they were made. Over the abdomen, however, a pinch caused immediate wincing, but over the upper part of the thighs it produced only a slight reaction. According to this rough test, therefore, it is evident that painful impressions failed to be conducted from the feet, legs, and lower third or thereabouts of the thighs. There was a general weakness of all the muscles of the lower limbs, but the extensors generally were clearly the more profoundly affected. There was no apparent wasting of the limbs, and the muscles were not more flabby than would have been accounted for by the length of the illness, but no electrical examination was made. The knee-jerks and plantar reflexes were absent. The cremasteric were certainly affected, for they were obtained with the greatest difficulty; whereas, in children, they are as a rule exceedingly brisk, and may actually be sometimes obtained by tickling the calf of the leg. The abdominal reflexes were very brisk, and this fact, considered with the quick response to pinching over the skin of the abdomen, renders it probable that the lesion was entirely restricted to the lower extremities. There was no history of retention of retention of urine or of incontinence of the bladder or rectum. The pupils were equal, moderately contracted, and reacted normally; there was no history of strabismus, and the fundi were normal. The boy was plump and well nourished, but there was a considerable excess of fatty tissue all over the body and the face had that "pasty," unhealthy appearance which so often accompanies abnormal adiposity. Only sixteen teeth had been cut, and there were in addition other signs of a slight degree of rickets. There was nothing of any sort to excite a suspicion of congenital syphilis. The spine was quite normal, except for a slight bulging of rachitic origin. The child's progress to complete recovery was rather slow, and his knee-jerks remained absent as long as he remained under observation—two or three months—at the end of which time he could walk fairly well.

Remembering the rarity of nerve affections after varicella, and their comparative frequency after variola, one might be tempted to question the diagnosis of the exanthem. All the children, however, had been vaccinated, and none of the adult members of the house had taken the affection. The general character of the rash (vesicular), the slight amount of constitutional disturbance, which was almost *nil*, and the pigmented areas of the healed vesicles, all point conclusively to varicella as the original affection. The sudden onset of the nervous symptoms, before the crusts had completely disappeared, strongly suggests that the varicella and nerve disorder were related as cause and effect; but to what extent other conditions, if any, were also responsible, it is impossible to decide. The child's bill of health previously had been a clean one, with the exception of the rachitic tendency, which, although predisposing to functional nerve disorders, has not yet been shown to have any part in the production of organic nerve lesions. Why this particular child, therefore, of all those who have had varicella, many of whom must have existed under almost identical conditions of existence, should alone, or as one of very few, have developed an affection of the nervous system must remain a mystery.

It is especially difficult in a child to arrive at an exact diagnosis in some cases of nerve disease, as it is impossible to make use of many data, which are almost indispensable, in making an attempt to arrive at a correct solution. One of these observations—the electrical reactions of the muscles—would have proved of infinite value in making

a diagnosis in the present case, but in young children it can only be thoroughly carried out under chloroform, the administration of which, it seems to me, is only justifiable when some conclusion of importance to the individual depends upon the result obtained; it was therefore omitted in the present case. The other symptoms, however, are sufficient to enable one to arrive at a diagnosis of peripheral paralysis, though perhaps they cannot be said to establish it beyond the possibility of doubt. The sudden onset of the symptoms is rare in peripheral paralysis, but not unknown, whilst the loss of knee-jerks, absence of superficial reflexes, the motor and sensory symptoms, the absence of incontinence of urine and faeces, all tend to support this diagnosis. The presence of slighter degrees of muscular wasting is not so appreciable in the young child on account of the comparatively large amount of fat present, and our patient was clearly of the fat rachitic type.

The alternative diagnoses are infantile paralysis, which, however, is inconsistent with the sensory disturbances, and myelitis. If the latter condition had existed, there must at one time have been a very considerable affection of the whole lumbar enlargement, and it is difficult to understand how the organic reflexes could have entirely escaped in such a case. The knee-jerks, too, would probably have been exaggerated, and ankle clonus readily obtained. Reflex paralysis need only be mentioned to be dismissed, if only on account of the undoubted presence of organic symptoms, whilst pressure paralysis, as from caries of the spine, is out of the question for the same reasons, which render the diagnosis of myelitis almost impossible. By the process of exclusion, therefore, as well as by direct evidence, the diagnosis of peripheral paralysis appears to be by far the most probable, although the symptoms form a by no means perfect clinical picture of the disease. For example, it is extremely rare to find any interference with the transmission of painful impulses in the course of peripheral neuritis, but, although pinching is a very rough-and-ready manner of testing that sense, the complete absence of any result in the case of the legs, and the diminished reaction in the thighs, as compared with the rest of the body, show that really there must have been a very considerable interruption in the conduction of painful impressions. The diagnosis, therefore, must be left open to a certain amount of doubt, and Gowers,¹ indeed, in speaking of this subject, says that "the distinction of the central or peripheral nature of many cases is very difficult."

The entire limitation of the symptoms to the lower extremities is another rare feature of the disease, but Dr. Buzzard² records some very interesting cases of paraplegic multiple neuritis in the course of his Harveian lectures for 1885. Peripheral neuritis, as a rule, is much less seldom met with after or during the course of the exanthemata than are the various forms of cord affection; and indeed, when it does happen to be so related, it is often unsymmetrical, and picks out by preference some particular nerve in the arms or legs. Two cases, however, are recorded by Surmay,³ in which both peroneals were symmetrically affected after typhoid fever, and I have myself seen a case of partial paraplegia, of apparent peripheral origin, arising during convalescence from the same disease.

My thanks are due to Dr. Abercrombie for allowing me to publish this case, which came under my care during the time I was his clinical assistant at Great Ormond Street Hospital for Sick Children.

¹ Gowers, *Diseases of the Nervous System*, vol. ii, p. 825, first edition.

² Buzzard, *Paralysis from Peripheral Neuritis*, p. 95.

³ Surmay, *Archiv. Génér. de Méd.*, t. i, 1865, p. 678.

DRUNKARDS' EXHIBITION.—The promoters of the Drunkards' Exhibition, says the *Edinburgh Evening Dispatch*, are making frantic efforts to gather together a few people to form a committee to enable the Yankee "Dr." and his London agents to boom his so-called "cure." The reply of "B. W. Hair and Son" to our articles has been printed and circulated at the expense of the Edinburgh Total Abstinence Society, the Secretary's name being appended to an official appeal on behalf of the exhibition. Have the members of the Society given their sanction to their funds being used in this extraordinary fashion?