Baldwin's letter under notice of the Colonial officer as alleging an endeavour to introduce into the Colony a system of differential registration fees to the disadvantage of legally qualified practitioners from the mother country."

LATERAL SCLEROSIS OF THE SPINAL CORD.—Dr. J. Althaus (*Brit. Med. Jour.*, Nov. 9, '78) gives an excellent account of this affection, from which we extract the following:—The affection begins in the posterior portion of the lateral columns, called the crossed pyramidal column, composed of fibres derived from the opposite cerebral hemisphere. In this disease this column is found studded with wedge-shaped grey patches reaching anteriorly as far as the lateral column proper, exteriorly as far as the lateral column proper, and interiorly as far as the posterior cornua. True paralysis with muscular spasms and rigidity are characteristic symptoms of this disease. These are directly referable to the fact that all voluntary movements must pass through the diseased columns in their passage from the brain to the muscles. At first the loss of power is slight. The patient feels weak in the legs and has a difficulty in going up and down stairs; after walking a short distance he is greatly fatigued. There is great difficulty in lifting the feet from the ground; they are apt to shuffle along it, and thus to wear out the soles of the shoes first at the toes. Soon the patient takes to sticks or crutches. Coincident with this loss of power we have motor irritation, shown by twitches, cramps and convulsions, which are apt to occur after fatigue, but often come on without any apparent exciting cause and with considerable regularity. After a time the muscles assume a degree of rigidity which renders voluntary movements more difficult and offers resistance to passive movements. The legs resist flexion, extension and abduction; they ultimately become fixed in extension and abduction, and the foot assumes the position of varo-equinus. In walking the patient seems, as it were, fixed in a vice. He has no difficulty in standing, but the legs seem so stiff that he is almost unable to get the feet from the ground; he walks on tiptoe; the whole body seems to join in the spasmodic effort and is thrown forward in order to aid the action of the legs. The tendon reflex symptom of Erb is greatly increased. Thus if the patient affected by lateral sclerosis stamp upon the floor with his foot the whole limb is thrown into a state of tremor which may last for hours. This increase of tendinous reflexion is due to the cessation of arrival of inhibitory influence from the brain in the muscles from interrupted connection. The mode of development of this disease is, as a rule, extremely chronic, extending over years or decades. It usually begins in the lumbar enlargement of the cord. Its progress is by fits and starts. In a variable time it extends upwards to the cervical enlargement. Generally before the medulla is reached the patient dies of some other disease. The chief cause of this disease is taking cold. It occurs between the ages of thirty-five and fifty. The prognosis is in a general way unfavorable. Generally we must be satisfied to arrest the disease. The prognosis will vary with the ability or disposition of the patient to adopt the mode of life most conducive to recovery. In treatment we must have *rest* and use ergot and nitrate of silver, and other remedies as the general state of the patient calls for them.

SPINAL IRRITATION.—Dr. Beard, in the *Virginia Medical Monthly* says:—Of the many affections allied to hysteria, spinal irritation is one of the most prominent, and is often associated with it. When it is simply a lesser symptom of hysteria or nervous exhaustion, it cannot claim a distinct nomenclature, and does not call for special consideration in treatment. When, however, the spinal tenderness and the symptoms that directly flow from it overshadow other accompanying conditions, it claims a place as a distinct disease, and should be treated accordingly. Spinal galvanization, with labile currents in a descending direction, rarely fails to effect a cure. Indeed, there is hardly a disease in which there is so little doubt as to the treatment indicated, and the probable benefit to be derived.

Case V.—Miss——was sent to me by Drs. A. E. M. Purdy and F. P. Kinnicutt, of New York, and also by Dr. P. C. Barker, of Morristown, N. J. This young lady was of an exceedingly delicate and sensitive organization, and for a number of years had suffered from spinal irritation, with various accompanying symptoms. The tenderness along the spine was almost continuous, and firm pressure in several special areas caused great pain. The patient complained of palpitation and *breathlessness*, weakness with low spirits and other distressing symptoms which she described as "sinking" feelings—an expression which is sufficiently suggestive to those who have had much experience in this class of cases. There was occasional nausea, with flatulence and loss of appetite, together with sharp neuralgic pains. Very slight exertion caused utter exhaustion. Treatment by the method mentioned above was immediately begun, and with some variation continued for three months. This variation consisted in alternating, just so soon as there began to be a decided diminution of the spinal tenderness, general faradization with spinal galvanization. Improvement steadily continued, and she is now enjoying as vigorous a degree of health as at any previous time of her life.