

and the sensations of cold and heat are common to both the diseases that we are now considering. But they are linked together in the closest way by the ruin of joint structures. Much mystery has been thrown around what is called Charcot's joint lesion, as though it was a special trophic affair. Few people have, I imagine, really believed this; and it is refreshing to find that Dr. Frederick Taylor, in his excellent *Manual of Medicine*, plainly professes his belief in the identity of the rheumatoid and Charcot lesions. The same view is supported by Dr. Archibald Garrod, in his complete monograph on *Rheumatism and Rheumatoid Arthritis*; and he quotes Mr. Morratt Baker as a surgical authority on the same side.

Some Uncommon Symptoms.—I travel a little outside the title of my paper in order to glance at some erratic phenomena which cannot be formulated just yet.

Bulbar Warnings.—In early rheumatoid troubles we see, now and then, warnings and resemblances of bulbar paralysis.

Athletic Contractions.—The mimicry of athetosis in the grasp of the rheumatoid hand is sometimes most remarkable. The fingers may bend and extend without any coherence or consistency of action. Abduction and adduction may be equally irregular; and I have seen the fingers engaged in slow involuntary movements when the attention has been directed elsewhere.

Glossy Skin.—"Glossy skin" belongs to the group of dystrophies and anaesthesiae, so well described by Dr. Ord. This condition of skin—*atrophoderma neuritica*—is a common sequel of neuritis. When the fingers are affected they become smooth, shining, and dry; they taper in form, and their color is pink or red. The nutrition of the nails is more or less injured. If anything were needed to prove the inadequacy of the naked surgical doctrine that rheumatoid arthritis is a result solely of mechanical wear and tear, it would be the phenomena of glossy skin. As a sequel of pure rheumatism or pure gout, this symptom shows that rheumatoid degeneration has begun, and that it should be treated as such without delay.

The danger which lurks in glossy joints is illustrated by a petty accident which happened to me last winter. A lady of middle age, sent to me by Dr. Miller, of Fort William, had bent rheumatoid fingers, and there seemed no harm in trying to extend them by degrees. One day, however, I put her under the influence of methylene in order to apply a little more force than usual; and I had the misfortune to split the skin on the flexure side of the terminal joints of two fingers, with sudden and profuse hæmorrhage. Fortunately, I had means for staunching blood at hand, and I prudently desisted from doing anything further.

Influenza.—My last remark refers to the con-

nection between rheumatoid arthritis and influenza. In several cases I have been able to identify the beginning of the rheumatoid lesions with a severe attack of influenza in the winter of 1889-90. So convinced were the patients of the sequence of the diseases that in every instance it was mentioned to me as a fact about which no doubt could exist. The influenza passed off, but an ominous weakness was left behind. During this interregnum of depression and spanæmia a slow inflammatory process seized the carpal and tarsal articulations; there might be a gradual quickening of the pulse, but no pyrexia. There is a real danger of being led to treat these cases as if they were of the ordinary rheumatic kind; but no blunder can be more damaging to the patient or more hurtful to the credit of the practitioner. In one instance the substantial good which I had accomplished for a rheumatoid patient, an elderly lady, during three visits to Bath in 1888 and 1889, was entirely undone by a single bad attack of influenza in February, 1890; and about a year ago she came once more to Bath, somewhat in despair, and as crippled as ever.

My chief object in this paper has been to point out the lines which our clinical enquiry may most profitably take; and that enquiry may lead us ere long to a broad generalization that shall embrace phenomena now grouped under various titles. I have purposely refrained from speculation; our appropriate function is at present to collect and record facts. The work is full of interest, and there is every encouragement to go on. My debt of obligation to our Mineral Water Hospital is beyond all words; the clinical material gathered within its walls is of priceless value to the candid observer who has a "Platonic passion for knowledge," and the just mind which can sift and weigh that knowledge when found.—Dr. Spence, in *Br. Med. News*.

ON THE VALUE OF LEECHING IN SOME DISEASES OF INFANTS AND CHILDREN.

Venesection has not been used as far as I am aware in cases of infants and children, but bleeding has always been effected by means of leeches.

This useful remedy has been too much neglected of late years, and I offer a few remarks on the cases in which experience has proved its great benefit. Leeches are of most service in the treatment of pneumonia in young children, and particularly in cases of acute consolidation of the lung from exposure to cold.

As it is usual for physicians to be called in when the symptoms have assumed a really serious aspect, I can speak with most certainty and satisfaction of those cases where the conditions were of the gravest character.