

The symptoms were quite characteristic: the paralysis with atrophy in the upper extremities and face showing degeneration of the motor neurones in the cervical and bulbar portions of the spinal cord; and the spastic paralysis of the lower limbs with the marked irritability of the wasted muscles of the arms and face indicating equally clearly degeneration of the cerebral neurone processes in the crossed pyramidal tracts. The extremely marked jaw-jerk showed that the pyramidal tract degeneration had extended up at least through the medulla, beyond the motor nucleus of the fifth nerve. Judging from the long duration and marked character of the spastic symptoms, it is reasonable to suppose that the sclerosis extended up to the internal capsule, and that there may have been degenerative changes even in the motor cortex itself.

In amyotrophic lateral sclerosis, the onset is usually with weakness and early atrophy of the muscles of the upper extremity, as the spinal neurones of the cervical cord are, as a rule, first affected. In this case, weakness with spasm of the legs occurred first and without demonstrable atrophy, indicating that the peripheral parts of the cerebral neurones in the lumbar part of the spinal cord were the first to degenerate; the absence of atrophy shows that the spinal neurones in the lumbar cord remained practically healthy.

That his emotions were easily disturbed was, doubtless due to his difficulty in making himself understood. There were no other signs of mental weakness.

The full-length illustration (Fig. 1) shows very well the loss of tone and atrophy of the lower part of the face, of the arm (especially the deltoid muscle), and of the hands. The legs and feet are well nourished, and the position of the feet shows that the muscles have not lost their tone.

ANTISEPTIC SURGERY IN THE EIGHTEENTH CENTURY.

Dr. Angus Johnson, of Adelaide, sends us the following note which occurs in Percival Pott's *chirurgical works*, vol. i., p. 351, published in 1808:—"The Baron Van Swieten, writing as many others have done, that is, theoretically, on surgery, advises us in the case of very bad compound fractures, which may most probably require amputation, to defer operation until we have tried the force of *antiseptic fomentation*, and appliances of like kind, for two or three days; and this opinion and advice he builds, in some measure, on a remarkable case of La Motte, in a seemingly desperate case of a man's leg smashed by the wheel of a heavy carriage. That La Motte's patient escaped I have no doubt, because he has said so; but the surgeon showed much more rashness in attempting to save such a limb than he would have done in the amputation of it; the operation would have been the more justifiable practice."—*Australian Med. Gazette*.