

## A CASE OF THE ATAXIC FORM OF ALCOHOLIC PERIPHERAL NEURITIS.

*Alcoholic Ataxia.*—*Ataxia gait; inability to stand with eyes shut; loss of knee jerks; girdle pain; recovery.*

T. G., 31, clerk, consulted me on the 2nd March, 1889, complaining of pains in the calves of his legs, which were worse on walking about. His illness began on February 18th.

*Previous History.*—He had never had any serious illness or met with a severe accident, though he had twice fallen from his bicycle and cut his face. Denied having had syphilis or any venereal disease. He had had gout, and used to keep a public house. According to his wife and his employer he had been in the habit of "boozing" himself with beer daily. Took no breakfast, but bread and cheese or ham and a pint of ale at 11 o'clock.

*Family History.*—His father had gout and died of it. His mother was living, aged 62, in indifferent health; 12 or 14 years ago she was insane. He had one brother and one sister alive and in good health.

*History of Present Attack.*—His wife and his employer concurred in stating that for about a fortnight they had noticed his memory had failed him. He forgot to do what he was told; and yesterday he imagined he had been at work the day before, although he had not been from home for several days. On Sunday, February 17th, he was in his usual bodily health and took a long walk with a friend. On Monday morning he started to walk to his office and found great difficulty in getting there. The distance was about a mile and the snow was on the ground; but he did not get his feet cold or wet. For the last two days he had had a sense of tightness round the waist (girdle pain). His wife said he had complained to her of seeing double.

*Present Condition.*—Patient came stumbling into my room, and very nearly fell; he could not stand steadily with his feet together, and fell as soon as he closed his eyes. The knee jerks were entirely gone. The pupil reflexes and ophthalmoscopic appearance were normal. There were no lightning pains; girdle pain already referred to had been present for two days.

His mental condition was not obviously abnormal, but his wife said that he asked her the same question repeatedly, and she was decidedly of opinion that his mind was affected. There does not seem to have been any moral change. There was no muscular wasting or obvious paralysis. No oedema or eruption on skin. Physical signs normal. Bowels regular.

Urine pale, clear, acid, 1010, contained a trace of albumen, no sugar.

He was ordered hypodermic injections of strychnine, and to become a total abstainer. Owing to difficulties, the strychnine was administered by the mouth and the abstinence maintained till lately, when he had been taking, against advice, a little claret.

*October 31st.*—Patient came to see me again. He could walk quite well; stood quite steadily with eyes shut and feet together; no girdle pain; knee jerks present. His urine still contained a haze of albumen. The pains in the legs were better.

*Remarks.*—These cases are sufficiently uncommon to make this typical example worth publishing.

The diagnosis was made on two grounds: 1, the very rapid onset, and, 2, the history of alcoholism. It is said that the absence of myosis, of the Argyll-Robertson pupil, of arthropathies, and of visceral crisis, are of diagnostic value, but all of these are absent in many cases of locomotor ataxia, which later develop into general paralysis. — Dr. Robert Saundry, in *Birmingham Med. Rev.*

## RESULTS IN THE TREATMENT OF SIMPLE FRACTURE OF THE SHAFT OF THE FEMUR AS DECIDED BY THE AMERICAN SURGICAL ASSOCIATION.

The frequency with which the surgeon is summoned to court as defendant in suit for damages for alleged maltreatment of a fracture of the femur makes this one of the most important questions in jurisprudence. Perhaps even more frequently the patient seeks to recover a large sum from either the individual or corporation by whom he was employed at the time of his accident. On such occasions in the past, the evidence of different surgeons testifying in the case has at times been so discordant that the court has come to look upon expert testimony with distrust, and juries have occasionally rejected it altogether.

In so simple a matter as fracture of the femur it would seem that there should not be so much diversity of opinion, and an effort has been made to harmonize the surgical mind upon this question, by the American Surgical Association, than whom no body of men can speak more authoritatively. A committee was accordingly appointed to report at the meeting now just past what, in their judgment, under the methods of treatment now employed, should be considered as satisfactory results. The committee consisted of Dr. Stephen Smith, of New York; Dr. D. Hays Agnew, of Philadelphia; Dr. David W. Cheever, of Boston; Dr. D. W. Yandell, of Louisville; Dr. Charles T. Parkes, of Chicago; Dr. P. S. Connor, of Cincinnati; Dr. Charles B. Nancrede, of Ann