

tions and more rational deductions. In preventive medicine a new field has been opened, which, if properly explored and cultivated, as it seems destined to be, will add millions of years to the life of the human race. Oh for a glance at the profession a century hence, when man, enlightened and refined by education, and redeemed from the thralldom of ignorance and superstition, shall reflect more perfectly than he now does, the image of his Maker!

AN OBSTETRIC WARNING.—I publish the following cases as a warning to brother professionals engaged in midwifery practice: In September, 1878, I was sent for to a woman who had been in labor with her first child for four days. A friend was staying with me who was going to attend to my work during my three week's holiday, and we went together to see the case. We found the woman frightfully exhausted, with a small fluttering pulse, and a child, that had been dead at least a week, presenting normally, but the head tightly impacted at the outlet of the pelvis. All pains had left her for many hours, and the stench from the fœtus was horrible. We gave ergot, and delivered her with forceps without much difficulty. The child was decomposed, and the placenta also, but not so far advanced. My friend told me on my return home (I left the next day) that the woman never rallied, but died with pyæmic symptoms. Five weeks after this case I had occasion to use the same forceps on a woman with her second child. (I had delivered her with forceps as a primipara.) She had a rigor on the seventh day, and died of puerperal peritonitis. Undoubtedly we ought to have thought of disinfecting the forceps, and I would suggest that they should always be so cleansed after every case in which they are used.—*British Medical Journal*.

PARAPLEGIA, WITH GREAT MUSCULAR RIGIDITY (ERB'S SPASTIC PARALYSIS?)—The *Glasgow Med. Journal* of February, '79, contains the following.—D. M., aged 10, admitted 6th August, 1878, has suffered from loss of power in the lower limbs since the preceding January. The boy has evidently a very decided strumous taint, as is evidenced by cicatrices and scrofulous sores on various parts of the body, especially about the jaw and right elbow joint; the latter has been excised. The paralysis seems to have been developed rather suddenly, patient having staggered and fallen while on the street; he continued to move in an imperfect manner for a few days, and then lost almost all control over the movements of his legs in walking. Sensation seems to have been deficient in the legs at an early period of the disease, to the extent that he could endure to be beaten with a rod or pricked with a pin without any evidence of pain being thereby elicited. He had never any pains in the limbs, and so far as can

be got from him, there has never been any sensation at all similar to formication or tingling. The upper limbs are entirely free from anything abnormal. On admission, the patient was totally unable to stand or even to walk, but, at the same time, he could move, especially the right leg, and to a less extent the left, pretty freely in bed. With this paralysis there was a very marked degree of muscular rigidity, the sural muscles were contracted, and the toes pointed downwards; the muscles of the hip and knee were also rigid. Patient sometimes lay with his legs straight, and then there was resistance to flexion at the knee, sometimes he lay with them flexed, and in that case extension was resisted. There was considerable dulling of sensation, he allowed pricking with a needle and pinching without the least wincing. This dulling of sensation involved the trunk to about the level of the nipples. Reflex action was variable. At times tickling of the soles, or pricking, produced no effect, at other times a very distinct contraction. Tendon reflex movements were very marked. A symptom mentioned by Erb was very distinctly observed; when either foot was lifted up by pressure against the ball of the foot, patient being in a sitting posture with the legs hanging down, there was frequently, but not invariably, a remarkable tremor of the limb, due, apparently to sudden contraction of the sural muscles acting on the tendo Achillis, and possibly also of the extensors.

His urine was almost constantly passed, more or less, in bed; and it was quite usual, on his being lifted, for him to let it pass away on the floor. In fact, it required attention to keep him moderately clean and free from bed sores.

The distinctly strumous condition of the patient seemed the guide to treatment, in this case; accordingly, he was put on cod liver oil and compound syrup of the phosphates, and with exceedingly good results. His condition slowly improved, the sensibility in the affected parts gradually returned, he regained to a great extent, the power of his legs, was able to move about quite freely, and had so far control of himself as to be able to carry about one of the ward chairs. There remained, however, a slight dragging of the right leg. The rigidity of the muscles was gone, and the tremor above referred to could not be observed.

"DRUNK OR DYING" is a phrase often appearing in English journals, and under it are detailed cases in which persons in one state have been treated as if in the other. Recently, in our own city, we have learned of a case in which a man was incarcerated in jail for drunkenness, while a *post mortem* examination, held a day or two afterwards, demonstrated a purulent meningitis. To diagnose such cases Dr. McEwen, of Glasgow, gives the following rule: "Any insensible person who,