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THE TREATMENT OF LOCOMOTOR
ATAXY BY SUSPENSION.

Ignotum per ignotius. This maxim applies to most, if not all, therapeutic agencies, but in some in much greater degree than others. The new method of treatment of locomotor ataxy now advocated by Charcot and his disciples is an illustration of this maxim. But we do not on that account ignore it, only it is necessary with so powerful a means for good or evil to try it with caution and test it with sceptical judgment. In estimating the good or evil effects of treatment, it is most necessary to have regard to the natural history of the disease. Many individuals are under the impression that once the diagnosis of locomotor ataxy has been pronounced by a competent authority there must be an end to all hope. This view is entirely erroneous. Physicians of experience can quote cases of stationary *tabes dorsalis* by the score, and stationary at any stage of the disease, from its first dawn to its last flicker. Cases are also known in which positive recession of the disease, and even considerable improvement, if not practical recovery, either with or without treatment. On the other hand, cases may steadily descend from bad to worse; but a slow and steady progression is by no means the rule, long intervals of slowly progressive impairment may be broken by short sharp shocks of sudden deterioration; indeed, the variety of the clinical history of these cases is as complicated as the imagination could picture. The fact that *tabes dorsalis* may grow

suddenly worse is of importance in considering the value of the suspension treatment, because at least one case has been referred to as having been made worse by the treatment. It cannot be too strongly urged that the utmost care is necessary in commencing the treatment, and it is possible that suspension without the aid of the armpit straps is too violent a measure at any period in the treatment of the disease.

At the invitation of Dr. de Watteville, we have had an opportunity of examining one of the cases under his care at St. Mary's Hospital, the said patient having been under treatment by suspension for six weeks, being, we are informed, the first patient in England on whom the new means of treatment has been tried. In regard to this case no doubt of the nature of the affection can exist, though whether the disease is due to a condition of the nerves or more central fibres in the cord and brain cannot be decided. The patient is a man aged thirty-nine, married, and a carpenter by trade. He is said to have had rheumatic fever ten years ago, and at times since; but questioning the patient left it doubtful whether these symptoms were not of spinal origin, and therefore signs of the disease from which the man still suffers. In 1877 the patient remembers to have first noticed something wrong with his legs, and in the Christmas of that year he caught a severe cold, which laid him up all through the summer of 1878. In 1879 he suffered from vomiting and diarrhoea, began to see double, and the legs became worse; then the shooting pains made life miserable, bladder troubles set in, and the disease steadily advanced. At the present time the man is somewhat anxious-looking and very thin. He could not stand at all with his eyes shut, but he can now, although unsteadily. He was very much more steady both in walking and in working at his trade than he had been previously to the commencement of the treatment by suspension. He had not been able to walk at all without the aid of two sticks for many months before January of this year, but he recently walked three miles and a half without experiencing a sensation of fatigue. The improvement in the gait has been slowly