out any loss of tactile sensibility. Since this latter observation is due to a lesion of the cord in man, and since the testing of tactile impressions in animals is often difficult, I think we are more justified in accepting Gower's view than that of Ferrier's, especially when we consider that the course of the fibres in two cords may possibly not be entirely analogous. Granting, therefore, that the antero-lateral ascending tract conveys the fibres subserving pain and temperature, the explanation of a part of the sensory phenomena of this disease is at once apparent. Since the lesion of syringomyelia is most advanced in the cervical cord, we have, in the destruction of the gray matter in this region, good reason for believing that the fibres for the conduction of pain and temperature are there interrupted, and this causes the abolition of these two forms of sensation in the upper extremities. That the legs are not so affected, or at least not until very late in the disease, would be accounted for by the very gradual descent of the lesion in the cord, and also by the fact that when the lesion is situated above the lumbar region conduction in the antero-lateral ascending tract is unaffected, and this tract would consequently conduct the sensory impressions from the legs in a perfectly normal manner. As regards tactile sensibility, experiments suggest that it is conducted by the posterior columns, and the integrity of these latter, especially in the earlier stages of the disease, would account for its retention in some cases. The same might be said of muscular sense, which is rarely affected. I might add that in the only case in which tactile sensibility was lost that Dr. Déjerine has met with, the autopsy showed a marked degeneration of the peripheral nerves.

The diagnosis of this disease, when the symptoms are well marked, is not difficult. The atrophy of the muscles, the peculiar disturbance of the sensibility, and the scoliosis form a characteristic group. From progressive muscular atrophy, in which the lesion in the muscles is like that of syringomyelia, the disturbances of sensibility form a marked contrast.

As regards Morvan's disease, much discussion has arisen as to whether it were not a form of syringomyelia, but Mr. Morvan assured me, on asking the question, that the two diseases were both pathologically and clinically distinct. In Morvan's disease sensibility of *all* kinds is lost, but only over a limited area of the hand and forearm. In this disease, too, the patient usually consults a physician on account of one or more whitlows on the fingers, and the medical attendant is sometimes surprised to find that these are lanced without causing the slightest pain, although they are often sufficiently extensive to destroy the whole phalanx.

From cervical pachymeningitis, the diagnosis is sometimes difficult, but the early and severe pains which accompany this affection, together with the fact that it attacks in a remarkable manner the distribution of the ulnar and median nerves, will usually prevent error. The course of syringomyelia is usually very chronic, and its treatment in the main symptomatic.

WHOOPING-COUGH: TREATMENT BY ONE OF THE NEWER METHODS.*

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The treatment of whooping-cough has never yet been perfectly satisfactory; has been, indeed, decidedly unsatisfactory. Many different medicines have been tried, some of them vaunted for a while, and then consigned to oblivion. And the long list of remedies is being constantly added to. Every year brings forth new specifics. Probably every practitioner present has made trial of these new remedies. The consensus of professional opinion is fairly set forth in the latest published book on the practice of medicine —I select one bearing the date 1892—that splendid work by the man who stands in the very forefront of his profession; a man whose name is a synonym for all that is best and most advanced in the treatment of disease; a man of whom all Canada is proud—I refer to Dr. Osler, of Baltimore. We may accept the utterance found in this work as embodying the opinion of the profession on this subject. On page 87 are the following words: "The medicinal treatment of whooping-cough is most unsatisfactory. Like other infectious disorders, it runs its course practically uninfluenced by drugs. . . . For the paroxysmal stage a suspiciously long list of

*Read before the Ontario Medical Association.