

DEMONSTRATION OF ARTHROPATHIC AFFECTIONS OF LOCOMOTOR ATAXY.

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[PROFESSOR CHARCOT, in making a demonstration in the course of an address at the Museum of the International Medical Congress, spoke as follows].

This is the wax model of a woman aged 60, named Berthelot. This patient has been shown for several years at the Salpêtrière as one of the best existing types, showing the character of ataxic affections of the joints. The first symptoms of the disease began about 20 years ago. She had first the lightning pains and pains around the waist, disturbances of the sight, inco-ordination of movement, but never any gastric attacks. About 15 years ago, the disease showed itself in the left knee, and subsequently walking became impossible. Four years ago, an affection of the left shoulder-joint showed itself; then disease of the right shoulder-joint and of the right hip, and ultimately a disease of the articulation of the right jaw.

The wax model is accompanied by the skeleton and by photographs, showing the different attitudes of the patient during the different stages of the disease, during the latter period of her life. The whole skeleton has been preserved.

This is the first time that a complete skeleton of the kind has been preserved. It is common to preserve individual joints, but in this case, as the whole skeleton has been preserved, all the joints can be examined, and all the points of lesions have been found, which were not suspected during life. Thus, for example, there existed a fracture of the pelvic bone of the right side, which had not given rise to any appreciable symptom during life. This fracture presents the peculiarity that consolidation had occurred on the inner side, with considerable production of callus, whilst externally there was no consolidation and no callus. As to the lesions, it will be observed, that they present all the character of ataxic lesions of the bones, that is to say, especially, it will be observed, that there are considerable atrophy and erosion of the head of the bone, without the production of stalactites, or the ordinary pathological conditions of dry arthritis. With this are shown sections of the spine, indicating that there existed posterior sclerosis of the spinal cord. There are also shown sections of the bone, made by Dr. Blanchard, which indicate that in this atrophic condition of a bone, a marked pathological lesion is the widening of the Haversian canals. There is thus in these cases, as in many others, an existence of disease of the joints, with fracture of the bone. Fracture of the bones and the diseases of the joints appear to belong to the same pathological condition, that is to say, when the disease attacks the diaphyses of the bone, the atrophy is shown by fracture; when it attacks the joints we get the wasting of the head of the bone, with an erosion of the surface.

[Professor Charcot has kindly presented the wax figure to the Museum of St. Thomas's Hospital, where it will be deposited, and can be studied by those interested in the subject. He had previously presented to the Museum at St. Thomas's Hospital, specimens of the disease affecting knee-joint in another case; and he had also presented to the Museum of the College of Surgeons, of England, a preparation, showing the same affection in the shoulder-joint. On the occasion of the visit of the British Medical Association to Manchester, Professor Charcot also presented to the Museum at Manchester, a similar preparation taken from the shoulder-joint of another person. It is extremely remarkable, and pathologically, as well as historically, noticeable to relate that, neither in the great Museums of France or England, or any place known, prior to the observations of Dr. Charcot, were there any characteristic specimens of this disease. Thus in the Museum of Desprès, which is usually known as containing fine specimens of all sorts, and rich in bone-diseases, there was no specimen showing this disease of the bones, until Professor Charcot presented three or four specimens of the kind.]

Sir James Paget has recently addressed to Professor Charcot the following letter, on the subject, dated August 5th.

"My dear Professor Charcot,—As you will be speaking on the morbid conditions of the joints and the bones associated with locomotor ataxy, I beg you to let me call your attention to a question, whether these are not instances of a disease which has lately for the first time appeared, or, at least, has lately become much more frequent than formerly it was.

"There is, I think, evidence for this opinion in the fact, that speci-

mens of this disease are very rarely, if ever, to be found in any but the most recently collected museums. I can speak positively of only some of those in London; but among these are the museums of the Royal College of Surgeons and of Saint Bartholomew's Hospital, in which are specimens of diseased bones and joints, collected from 1770 to the present time. Till the time at which you called attention to these morbid states, neither of these museums contained one specimen; and yet they include all the examples of diseased bones collected by many surgeons and good anatomists, some of whom preserved every bone that appeared to them strange or rare. I refer, particularly, to John Hunter, Howship, Langstaff, and Stanley, of whom I can be quite sure that, if they had ever seen specimens of the disease which you have described, they would have regarded them as treasures to be carefully preserved. No specimen has been preserved by any one of them; and yet they gathered all that was unusual in morbid anatomy from hospitals, dissecting-rooms, workhouses, and grave-yards.

"I take the liberty of suggesting this question to you as one of those of great interest, not only in general pathology, but in the history of diseases. Besides, it may lead many to believe, as I do, that a good pathological museum may be a very valuable historical record.—Believe me, my dear Professor, sincerely yours, JAMES PAGET."

At the same time as Professor Charcot demonstrated the observation, he showed other pathological subjects illustrating the same disease. The case was that of a patient named Cressy, who died at the age of forty-five. Her health had been good up to the age of thirty-five, but she had always inhabited damp places. The ataxy commenced at the age of thirty-four, with pains round the waist and gastric attacks; the disordered movement quickly followed the pain. From 1870 to 1878, the patient was able to walk about, when supported on some one's arm, but for the next year walking had become impossible. The patient could not precisely state when the disease of the hip-joint began, but she was only aware that the hip-joint cracked in movement. In May 1880, all the symptoms of ataxy were observed—limited, however, to the abdomen and to the lower limbs: 1. Gastric attacks; 2. Girdle pains; 3. The patient was very undecided in the account which she gave of the lightning pains of the limbs; 4. Loss of reflex in the knee; 5. Double disease of the joint of the hip, great mobility of the articulation, no swelling, cracking of the articulation. Death occurred on May 8th, 1880.

The specimens are interesting, as being particularly well calculated to explain the progress of the disease, by comparison which they offer to the condition of the right hip with the left hip-joint. On the right side, the lower part of the head of the bone is worn away sharply, as if by rubbing against a hard substance, and, as it were, mechanically. The same marks of rubbing are visible on the corresponding part of the iliac bone, but much less distinctly—inasmuch as the effects of rubbing show themselves much more distinctly on the head of the bone than they do on the iliac articulation. On the left side, the head of the bone is completely worn away, and only the great trochanter is left. It is observable that neither on the right side, nor on the left, is any trace of inflammatory reaction, nor any development of stalactites. No trace of detached osseous substance was found in the articular cavity. Thus, finally, in reviewing these preparations, it may be noted that they have quite a special character, not resembling that of any other pathological lesion previously described—so that, to any one who has at all carefully studied these preparations, or any of the others taken from patients suffering from ataxic arthropathy, it is not difficult at first sight, and at once, to distinguish preparations coming from this form of disease, from any other. It is, in fact, a distinctly pathological entity; and well deserves the name (by which it is now known in this country) of "Charcot's disease".]

BEQUESTS AND DONATIONS.—Mr. John McGavin has bequeathed £2,000 to Anderson's College, £1,000 to the Royal Infirmary, £1,000 to the Western Infirmary, all at Glasgow.—Mr. George Campbell, of Ennismore Gardens, formerly a commissioner in lunacy, has bequeathed £300 each to St. George's Hospital, the Brompton Hospital for Consumption, Queen Charlotte's Lying-in Hospital, and the Fund for discharged persons from Asylums, Hospitals, and Licensed Houses in connection with the Commissioners in Lunacy.—Miss Georgiana Henderson, of Montague Street, Russell Square, has bequeathed £100 each to the National Hospital for the Paralysed and Epileptic, the Hospital for Women, and the Home for Invalid Ladies.—The Middlesex Hospital has received £150 2s., the result of a performance by the Lancaster Amateur Dramatic Club at the Royalty Theatre, on the 11th ultimo, in aid of the Samaritan Fund.—The Goldsmith's Company have given £50 to the Dental Hospital of London.—Mr. G. B. Henderson has given £50 to the London Temperance Hospital.