appearance, he completely lost the power of locomotion, and to side, and of moving his toes. The skin remained quite sensible to possessed no voluntary power but that of turning his head from side extremities, but he could readily move his head and toes. The voiding water: his appetite was good, and he had a daily alvine time previous to this illness, the abdomen had gradually become full and tense, and several days previous to the attack he complained of diarrhea, at which period he had travelled on the outside of a coach and caught cold".

Wardrop treated his patient by purging and in about three weeks improvement began, with movement being restored to the fingers and then the arm and legs. After four months he could walk without assistance and he could write. "From this period he continued perfectly well," Wardrop concluded, "and I saw him several years afterwards in the enjoyment of good health, having never had any return of the symptoms." It is difficult to avoid the diagnosis of acute polyradiculoneuropathy in this patient. He probably displayed at least seven of the diagnostic criteria formulated by the National Institute of Neurological and Communicative Disorders and Stroke, and there was the history of gastrointestinal illness. Wardrop could not have described loss of tendon jerks because their significance was not to be realised until about 40 years later. 1 Lumbar puncture for CSP examination was not introduced for another 57 years. 2 Landry's original description of "ascending paralysis" was in 1859. The first report of the CSF findings by Guillin, Barré, and Strohl was published in 1916, and this was amplified later. 4 It would seem that Wardrop should have credit for the earliest clinical description of this disease.

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J. E. COSSNETT


TETRAHYDROAMINOACRIDINE AND THE CENTRAL ANTIChOLINERGIC SYNDROME

Sir,—I was intrigued by your editorial (Jan 17, p 139) on the cholinergic treatment of Alzheimer's disease via oral tetrahydroaminoacridine (THA). Before the availability of short-duration, non-depolarising muscle relaxants THA was often used during general anaesthesia to prolong the very brief action of suxamethonium to 15–20 min. Nowadays parenteral THA is only available on a named patient basis, and oral THA has never been available in the UK. When I regularly used THA to prolong the action of suxamethonium I formed the clinical impression that confused and elderly patients could sometimes be strikingly bright mentally in the postoperative period for a day or so. It is interesting to speculate, in the light of your editorial, whether this increased mental alertness might have been a consequence of restored levels of cholinergic activity in the brain, though there are other possible explanations.

The antimuscarinic properties of hyoscine and atropine make these drugs valuable premedicants before the induction of general anaesthesia. They are used mentally in the postoperative period for a day or so. It is interesting to speculate, in the light of your editorial, whether this increased mental alertness might have been a consequence of restored levels of cholinergic activity in the brain, though there are other possible explanations.

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we interviewed thirty-one anabolic steroid users (twenty-nine men), recruited by
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