nature of the malady is clearly revealed by the *post mortem* appearances. The patient was twice admitted into the infirmary of one of the metropolitan poorhouses for supposed incomplete hemiplegia. Once he was admitted into Lambeth Workhouse for paraplegia, and subsequently into the London Hospital for locomotor ataxy, under Dr. Hughlings Jackson. The heavy fall on the back, followed soon after by rapidly increasing weakness of the legs, without at first any remarkable incoordination of movement, would suggest the probability of paraplegia rather than locomotor ataxy. In the latter disease, although weakness of the legs is commonly experienced from the first, it does not proceed rapidly to such an extent as in the present case, and is always accompanied by increasing incoordination of movement before the patient is deprived of the power of standing or walking. Moreover, there was an entire absence from the limbs of those peculiar pains which, with very few exceptions, are amongst the earliest symptoms of locomotor ataxy. There was an absence, also, of the ocular disturbance which so frequently precede and accompany the pains. On the other hand, there were evidently many of the characteristic symptoms of this disorder, as numbness in the hands and feet, the impaired muscular coordination of the fingers, the peculiar jerking or spasmodic action of the legs in progression, and the occasional incontinence of urine. The sum of the symptoms, when properly weighed and considered, would lead to the inference that the case was one of partial paralysis combined with locomotor ataxy; and the correctness of this diagnosis is confirmed by the lesions which were found in the cord; for not only were the posterior columns, and many of the posterior nerve-roots, affected by that peculiar degeneration which belongs to locomotor ataxy, but the grey substance, particularly in the lumbar region, was extensively damaged by softening, and by those areas of granular and fluid disintegration which I commonly find in spinal paralysis, and which I hope to have the pleasure of showing you. There is one point, however, which does not appear to be so satisfactorily explained; viz., the total absence of the pains which are almost always experienced in locomotor ataxy. It may be that the extensive disintegrations of the grey substance of the cord interrupted the transmission to the sensorium, of the irritations arising from the disintegrating central ends of the posterior nerve-roots.

[To be continued.]

ABSCESS OF THE BRAIN, WITH ANOMALOUS SYMPTOMS.

By C. W. THORP, L.K.Q.C.P.I., Todmorden.

THE patient was W. I. B., aged 29, by occupation a general manager of several large cotton-mills, of red hair, sallow complexion, tall and slight figure. He was married, and had one child, aged six months. He was an active man, both in mind and in body. He spent a year in Egypt, whence he returned in July 1865, invalided from the effects of liver-derangement. He also suffered from ophthalmia whilst there. During the time I knew him (about three years), he enjoyed generally very good health, except once, when I attended him for an attack of jaundice. He had also occasional slight hepatic disturbances. He had never received any injury of the head; nor had he suffered earache, nor had any discharge from the ear or the nose. For about a fortnight before his fatal illness, he complained of headache and other dyspeptic symptoms, which were considered bilious; and occasionally, for some time previously, suffered from headache and indigestion, but attended to his business regularly up to March 10th, 1869, when he sent for me, having suffered acutely from his head during the previous night. His tongue was furred; pulse 68; skin hot. He felt sickness of the stomach. I ordered an emetic, a pediluvium of mustard and hot water at bedtime, and cold water to be applied to the forehead.

March 11th. He was slightly better. An aperient was given.

March 12th. He had a bad night. He complained of a constant throbbing pain, greatly increased on moving the head, feeling as if some one was beating him with a hammer. He was given five-minim doses of liquor opii sedativus with bicarbonate of soda, with slight relief.

March 13th. He was not any better. The character of the pain remained the same. He vomited some tea taken at breakfast-time. I ordered sinapisms to the back of the neck and calves of the legs, and half a grain of calomel every hour.

March 14th. There was not the slightest improvement. The pulse was full, never having varied more than eight beats in the minute since the 11th. The tongue was coated with brown fur. He had great pain, referred specially to the right side of the head, chiefly to the temple, but

extending to behind the ear of that side. This, taken with the peculiar throbbing sensation, made me now think that an abscess had formed within the cranium. He had slight difficulty in passing urine. There had been no action of the bowels since the 12th. The calomel was continued. He had had a good deal of sleep at intervals during the last two days. I ordered eight leeches to the temples, a blister to the nape of the neck, a cold lotion to the forehead after the leeches had ceased to bleed, and half a grain of podophylline at bed time.

March 15th, 6 A.M. There was no cessation of the pain, which was still of the same character. He had been very restless during the night; had hardly any sleep. He had frequent desire to pass urine, though unable to do so. The pulse was as before; the tongue furred. The head was shaved, and ice applied. Colocynth and rhubarb pill, with blue pill, were given during the night. He had slight desire to go to stool, but was unable to effect it, through faintness. Weak brandy and water was ordered.—1.30 P.M. About twenty ounces of healthy urine were drawn off with the catheter; it deposited lithic acid after standing.—6 P.M. Urine was passed naturally again. Beef-tea had been his chief diet for the last two days. He also had port wine to-day.

March 16th, 8.30 A.M. He had been slightly delirious when coming out of short sleeps during the night. The pupils had not been affected at any time; or, if anything, slightly contracted. The conjunctivæ were congested. Numbness of the left side came on during the early morning. There was slight muscular paralysis, more of sensation. He passed urine frequently at night, voluntarily; the bowels were not moved.—9.25 A.M. Mr. Turner of Manchester saw him with me. He was quite conscious, and talked naturally. A grain of calomel was ordered to be taken every four hours. A great quantity of feculent matter came away after an enema of salt and warm water. The blister at the back of the neck was dressed with strong mercurial ointment. Another blister was applied to the left side of the head, so as to allow ice to be applied to the other. This blister was obliged to be removed after two hours, from the irritation which it produced, though it had blistered in that time.—7 P.M. The pain was much worse, particularly in the right eye, which was surrounded with a purplish red halo. He had restless jactitation.—10 P.M. Pain was now referred to the left eye.

March 17th, 12.30 A.M. Ice was the only thing that gave any relief. He became more quiet, and seemed to sleep occasionally.—5 A.M. He was more restless. Urine was passed frequently in small quantities, voluntarily, during the night. Beef-tea and port wine had been given at regular intervals.—9.45 A.M. The pain was more of an aching character. Mr. Turner again saw him. There was a good deal of difficulty in fixing his attention. Ice was applied occasionally, and the same treatment continued.—1 P.M. He asked to see his baby, whom he kissed, and ordered to be taken away again. He said he felt better; but he gradually became more unconscious until 4 P.M., when stertorous breathing set in, with the other symptoms of effusion; and increased with remarkable rapidity until he died, at 6.45 P.M.

POST MORTEM EXAMINATION, twenty hours after death.—On removing the calvarium, I found the dura mater deeply congested; and a quantity of dark grumous blood burst from the orifice of each divided vein. A large quantity of serum was contained beneath the arachnoid. The hemispheres of the brain were perfectly healthy: in fact, all the parts were so, except the right optic thalamus, which gave the sense of fluctuation to the touch; and, on being punctured, gave exit to about two ounces of pus. That which at first flowed was laudable, but what followed was of a greenish colour, with a very foetid odour. Nothing was left of that optic thalamus but what was converted into the abscess; and its sac, which was about a quarter of an inch in thickness. The ventricles all contained a quantity of serous fluid; but the bones of the head were perfectly healthy, both externally and internally.

This case is remarkable from the absence of any urgent symptoms prior to the week before death, and the unimpairment of the mental faculties almost to the last, as well as the absence of any great amount of paralysis.

QUEKETT MICROSCOPICAL CLUB.—The fourth annual general meeting of this club was held on July 23rd, at University College. The report showed that 142 members had been elected since the last annual meeting. Mr. P. Le Neve Foster was elected president in the room of Mr. Durham, who has filled the office during two years.

TESTIMONIAL TO MR. F. T. ROBERTS.—The students of the Liverpool School of Medicine have presented Mr. F. T. Roberts, Demonstrator of Anatomy and Lecturer on Botany in the School, with a microscope and an illuminated address, on the occasion of his leaving Liverpool in consequence of having been appointed Demonstrator of Anatomy in University College, London.