the more pronounced cystic forms of granular disease, it is likely to be true also of those in which the cysts are less largely developed.

I think it very probable that some atrophic kidneys, such as correspond to the description which I have given above, do commence in a congenitally imperfect structure. In two well marked examples, I found microscopic peculiarities which, however, have not an evident bearing on the question of a foetal origin. I hope to describe these on some other occasion.

But it may be doubted whether, at the advanced age of our present subject, a congenital imperfection can be admitted. Analogies enough could easily be found. Men will live to nearly sixty with congenital close contraction of the pulmonary orifice; and such a compensatory system as makes this wonder possible may also enable a man to pass a long life with a like imperfection of kidney. Still there is nothing even then to save him from the necessity of hypertrophy of the heart, were that necessity directly consequent on the imperfection of the kidney. Hence it still remains true that the existence of these cases, which I am attempting to show are probably congenital, proves that, in the more frequent cases of wasted kidneys in gout, etc., which are associated with cardiac hypertrophy, there is some cause of the cardiac hypertrophy other than that commonly supposed, namely, the impurity of the blood: something whose presence is nearly constant in gouty cases, and which is absent in those congenital cases, must come in to cause the hypertrophy in the gouty subject.

MEMORANDA OF TREATMENT OF CASES OF NERVOUS DISORDER.

By J. LOCKHART CLARKE, M.D., F.R.S.

III.—INCOMPLETE HEMIPLEGIA OF THE RIGHT SIDE, WITH PARTIAL APHASIA.

A LADY who had come from the country to see her daughter, found, in the course of a few days, that she was gradually losing the use of her right hand and arm. The first occasion on which she experienced this weakness was, that one day, after beginning to write, she found herself unable to continue. Very shortly afterwards, she found that she was losing power in the right leg, so that she had great difficulty in walking; she also felt a sensation of "pins and needles" in the right hand, but not in the foot; at the same time she complained of great loss of memory. She was frequently quite unable to recollect many of the words she wished to use; and sometimes she transposed her words, or used wrong ones. Her articulation was very indistinct; but she could protrude her tongue and move it in any direction. There was a dull "heavy" pain on the left parietal region of the head, with a sensation of "creeping or drawing up" of the scalp, and some deafness of the left ear. There was no cardiac murmur, or any other sign of heart-disease.

Her general health was much deranged. Her tongue was loaded; her breath offensive; her appetite was gone; and she complained of nausea and flatulence, with a sensation at the epigastrium "as if something wanted to be removed". Her skin was dirty-yellow; her bowels constipated; but her urine was clear and without albumen. She was ordered a mild aperient, a blister behind the left ear, and the following pills.

Rx Hydrarg. subchlor. gr. vj; ext. hyoscyam. ʒjss. Ft. pil. xij. One to be taken night and morning.

At the end of a week I saw her again, and found her decidedly improved. After two or three days the pills produced brisk purgation. She was ordered to repeat the blister and continue the pills. At the end of another week the improvement was still more marked. Her memory was much better, her articulation more distinct, her right arm stronger, and she could walk without much difficulty; but she still complained of dull pain, and "drawing up" of the scalp on the left side of the head. The bowels had acted about twice daily, and the evacuations on passing caused a scalding sensation. The blister was repeated, and the pills continued. At the end of the third week she was nearly well; all that she complained of was flatulency, and the creeping or drawing sensation in the scalp of the left side. Her skin had lost its previously dirty-yellow colour, and her appetite was keen. She was ordered to discontinue the pills, and to take some rhubarb, ammonia, and æther in peppermint water. A fortnight afterwards, she returned to the country quite well.

64, Harley Street, W., June 1872.

EPILEPSY, WITH SYMPTOMS OF MANIA.

By J. THOMPSON DICKSON, M.A., M.B.(Cantab.),

Physician to the Infirmary for Epilepsy and Paralysis; Lecturer on Mental Diseases at Guy's Hospital; etc.

THE following case presents several features of great interest. On the 1st January of this year, a gentleman called upon me and asked whether his niece could be admitted into the Infirmary for Epilepsy and Paralysis, as she was epileptic and unmanageable at home. I arranged to see her at her uncle's house the following day, and, if not ineligible on the ground of insanity, to admit her.

I found the patient (J. C. by initials) to be a girl 18 years of age, imperfectly developed, but fairly nourished. Her face and neck were covered with petechiæ, her legs and feet were swollen and oedematous, and her left side was slightly paralysed; and I was told that she had been in the *status epilepticus* for nearly twenty-four hours before my visit. She was, however, not only conscious when I saw her, but calm, and spoke rationally. I was unable to find any abnormality of any of her viscera, and I consented to her admission.

Her family history, as far as I was able to learn it from an aunt, was free from all trace of taint of hereditary nervous disease, and I could not discover any accidental disturbing cause. She had not any history of a blow or fall; her urine was free from albumen; and her menses, though sometimes recurring once a fortnight, were by no means excessive. Following my usual course, I withheld medicinal treatment until I had been able to watch the effect of the moral influence of the institution, and also until something requiring treatment was apparent. I heard that the young lady had been left much to herself for three years, or since the death of her mother; and her friends were unable to give a very clear history of her during that time.

For three days after her admission she gave no evidence of epilepsy; but on the fourth day she appeared excited, complained of headache, was very sleepy, and her face exhibited some petechiæ. She said she believed she had had a fit in the night, and I have no doubt she had, though she was not seen in the fit. Her urine was free from albumen. I ordered her to remain in bed, and prescribed belladonna, in doses of a quarter of a grain of the extract, and the same quantity of the powdered leaf, every six hours. In three days' time she was feeling well, and I allowed her to get up; and she continued to improve for about a fortnight, when she suffered from sickness and vomiting of bile. I then suspended the belladonna. She, however, continued free from fits; and, as she was anxious to return home, I consented to her discharge, provided she remained free from attack for another week. She remained free, and it was arranged that she should leave; but the day before her proposed departure she had a violent attack, in which her left side became not only completely paralysed, but rigid as a rod of iron; her tongue shared in the paralysis, so that she was unable to speak. This paralysis lasted twenty-four hours, when she had another fit, and the paralysis disappeared. The following day she was again partially paralysed, probably from having had an attack during the night, which was perhaps rendered certain by fresh petechiæ on her face and chest. Another attack followed when the paralysis disappeared. I again gave belladonna until the pupils were slightly dilated, and I then moderated the frequency of the dose. In three days she seemed so much improved that I allowed her to get up, and she continued to improve for several days. About a week afterwards, the matron reported to me that the patient had become unmanageable; that she was excited and obstinate, and abusive in her language. On examining her, I found fresh petechiæ, which may always be taken as evidence of a fit. The patient was not excited when I saw her; and I told her that she must endeavour to control herself, for I could not consent to her return home if the excitement continued. She promised to try to exercise some control over herself, and seemed to succeed for some days; but shortly I received complaints that at night-time she was noisy, excited, and unmanageable. I questioned her closely, and told her that the report given to me was that of madness (maniacal excitement); and, with a view to testing how much was really mania, and how much was more or less under her own control (hysterical excitement), I told her that any fresh exhibition of such excitement would lead me to the conclusion that she was mad, and induce me to take steps to secure her safety and that of others. She seemed not to realise the fact that she had been excited, and only imperfectly remembered it; but told me that her relatives had thought her insane before seeking her admission into the infirmary, and had spoken of seeking relief for her in asylum treatment. I learned that on the previous day she had had a fit, in which she was unconscious for an hour, but that it was unattended by any muscular contraction, and was not followed by either

paralysis or excitement. For the three following days she appeared better during the day, but at night-time was submaniacal, noisy, and uncontrollable; and on the fourth night I was summoned to the infirmary, at 11 P.M., when I found the patient, who, after returning from a walk, had seated herself in a chair and commenced screaming. She had refused her food, and had refused to move or to speak, and was in a submaniacal condition. After a short time, I succeeded in persuading her to rise, and then, with assistance, to go upstairs. She was put to bed, and I then examined her, and found that she was unable to speak, though she endeavoured to answer "yes". The excitement appeared to have moderated considerably, and I ordered her an increased dose of belladonna. She slept well, but the next day complained of headache, and her face was covered with petechiæ. I then ordered that her belladonna should be taken every six hours; and the treatment was persevered in with an intermission of two days only, when she suffered from bilious vomiting, for three weeks, when she was discharged, not having had any return of the symptoms, and having been under treatment over three months. I recommended that the treatment should be continued for twelve months, and that she should use a tepid bath every morning. Upon the application of the friends, I consented to readmit the patient should her malady return; but as I have not had a renewal of the application, the conclusion is favourable for the patient's state.

The case is one of both value and significance in illustrating the frequent consequential mental excitement of epilepsy, particularly in that class of cases to which I have several times drawn attention, where the epilepsy is slight, sometimes so slight as hardly to be observable, and wherein the mental disturbance seems to bear a sort of inverse ratio to the epilepsy; the epilepsy often being expressed as a very transient loss of consciousness, whilst the mental disturbance consequent upon it is profound.

The medico-legal aspect of these cases is in the greatest degree of importance, since the responsibility of a person committing a criminal act under the influence of the fleeting mania following epilepsy, is or ought to be annulled. The petechiæ I have frequently commented upon, and it is perhaps unnecessary to enter upon the subject here. I may add that the treatment with belladonna was one which I frequently adopt, and with great success, when there is no indication for the use of absorbents, and especially when the uterine functions appear in any way disturbed.

MASKED SMALL-POX: PETECHIÆ: RAPIDLY FATAL.

By FREDERICK PAGE, M.D., Senior House-Surgeon to the Infirmary, Newcastle-on-Tyne.

A. S., a comedian, aged 23, applied at the Newcastle-on-Tyne Infirmary during the afternoon of Monday, April 22nd, complaining of a very acute pain over his left lumbar muscles. He had fallen down two or three stairs upon his back. He was of intemperate habits, and acknowledged that he had been drinking. The pain was spasmodic. Upon a careful examination, no indication of a bruise could be found. There had been no sickness, and the urine was stated to be as usual. Two or three ounces of blood were taken from the loin by cupping, with marked relief; a calomel and jalap purge was administered, and the patient was told to come back on the following day if the pain returned. The next morning he again applied, and had a hypodermic injection of a quarter of a grain of morphia, after which he walked home. But little relief and no sleep followed the injection. A man who slept in the same room said that he noticed no rash on his companion when they went to bed, and nothing had occurred to give rise to the idea of imminent danger. After a restless night, the patient, between three and four in the morning, suddenly died.

As I was unable to give a certificate as to the cause of death, having seen nothing in the man's condition when I examined him to indicate danger to life, an inquest was asked for. The necropsy was made on Thursday, April 25th, at 1 P.M., at the Infirmary, in the presence of the physicians and some of the surgeons. The body was in fair condition. Rigor mortis was absent. On the left arm were two vaccination-marks. Around the puncture made by the injection-needle was a large effusion of dark fluid blood. No blood was poured out where the cupping-glass had been applied. The trunk of the body was suffused with a small thickly-set petechial rash of mulberry colour. The thighs were copiously, the legs and arms sparsely, and the face but slightly, if at all, sprinkled with the same kind of eruption. Both conjunctivæ were completely ecchymosed. The face was livid, and the body generally, but more particularly upon the left side, deeply discoloured

by suffigation. Upon opening the chest, the muscles were found to be very soft and dark coloured. A few old strings of false membrane existed between the pleuræ on both sides, and in each pleural cavity was a quantity of thin bloody fluid. The lungs were much congested, and their surface was sprinkled extensively with stellate petechiæ. The heart was rather small, flaccid, and spotted with petechiæ; the valves were all normal. The liver was similarly affected with petechiæ over its surface, and the gall-bladder was full of bile. The intestinal canal was very vascular and dark-coloured generally, petechiæ and large patches of extravasated blood appearing between the layers of the mesentery and beneath the peritoneum in all directions. Externally both kidneys were blotched with numerous bloody effusions, and into the fat surrounding them blood was also poured out. The bladder contained a few ounces of bloody urine, and its mucous surface was deeply stained with blood. The brain was covered with minute arborescences of dark vessels, but no petechiæ or any effusions of blood were seen, either on the surface or in the interior of the organ. The brain-substance seemed sound, perhaps rather soft. The blood was throughout the body unusually dark and in a very fluid state.

It was the universal opinion of those present at the necropsy that the man had died from malignant small-pox. During the epidemic of small-pox, which has raged here for twelve months, and which has now subsided, occasional cases strongly resembling the above have occurred, proving fatal in a few days, where no eruption whatever of small-pox appeared, but where petechiæ, varying in size and number, spread over the whole surface of the body, with great impairment of the muscular power, but with perfect integrity of mind and unconsciousness of danger. Such cases, too, have not always occurred in the intemperate.

This case is certainly remarkable, inasmuch as the powers of the nervous centres and of the muscles were alike preserved, and no eruption whatever appeared up to at least four or five hours before death. It will have been noted, this man was quite able to go about, and did so to the last, and that the only symptoms he had was the pain in the loins, not over the spine, but in the left lumbar muscles. Intemperance may have rendered him an easier prey to infection, and the bad consequences of poisoned blood. In the JOURNAL (page 497) another extraordinary case of malignant small-pox masked by injury is reported by Mr. Gascoven, of St. Mary's and the Lock Hospitals; and reading it has induced me to send this.

OBSTETRIC MEMORANDA.

ALBUMINURIA IN THE SIXTH MONTH OF PREGNANCY.

M. W., a multipara, aged 32, a laundress, slipped and fell, without unconsciousness, in a steep garden, on the 1st February. On the 3rd, I found the uterus gravid and prolapsed, with the os just within the vulva; the patient stated it had been down since the fall. She supposed herself to be between the third and fourth months of pregnancy, her last menstruation having been in the middle of October. The uterus was easily replaced, and the patient was ordered to keep in bed; but, on the 6th February, she got up, reproducing the prolapse. On the 7th, I applied a flattened caoutchouc pessary, which kept the uterus *in situ* until a week after quickening (which was on the 15th), when the pessary slipped down and was withdrawn.

I was summoned on the 23rd March, and found that the patient had acute and general anasarca, constipation with severe headache, dry and harsh skin, and was passing a very small quantity of urine; hot-air baths, diaphoretics, and saline purgatives were ordered; these caused profuse diaphoresis and watery stools. On the 24th, the urine became solid when heated; no tube-casts or blood-corpuscles were visible in it; the fœtus moved until this day. The patient was much better on the 26th, passing more urine, which was less albuminous. On the 6th April, she commenced taking ten minims of the tincture of the perchloride of iron with twenty minims of nitrous ether four times daily. The patient did not have any convulsion, and in a week the albuminuria had ceased. Labour began on the 29th, and lasted five-and-a-half hours, resulting in the birth of a putrid female fœtus of between five and six months' development. On the 30th April and 1st May, the patient was convalescing favourably. I was unable to attend the labour, which was conducted by a nurse; no chloroform was given. The first pregnancy terminated in the birth of an eight months' fœtus, six weeks after its death; the second in the birth of a girl, and the third in that of a boy (both living now); the fourth in a miscarriage in the third month, three years ago; this last being the fifth pregnancy. This case supports that published at page 447 of the JOURNAL for April 27th.

STANLEY HAYNES, M.D., Malvern Link.