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