prejudice against, or ignorance of, the operation to prevent us from giving those who are under our care, and who may require it, the benefits of its use.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BROADMOOR STATE ASYLUM.

REPORT OF A CASE OF CONVULSIONS.

By F. W. GIBSON, M.D. Lond., Assistant-Medical Officer; late House-Surgeon to the Taunton and Somerset Hospital.

EMILE H., aged 43, a jeweller, admitted in February 1865, with symptoms of general paralysis, had on March 16th, 1866 a convulsive fit, lasting about two minutes, of which the account given in the case paper is as follows.

"Head drawn to right, and both eyes to right; right arm convulsed, and convulsive action of right pectoral muscles; no convulsions of lower limbs; temperature 101.2; pulse 80.

"March 17th. Has had three more fits since yesterday; temperature 100; respirations 40; pulse 88; no abnormal chest signs.

"March 18th. Temperature 97; pulse 65; has had no more fits."

He had no recurrence of the fits until July 28th; his temperature was taken constantly during the interval, and was always normal. At 6.30 p.m., whilst lying in bed, he became suddenly convulsed.

At 7.5 p.m., the temperature in the left axilla was 101; right 102.2; pulse 120; respirations 44. He was semiconscious; both eyeballs were drawn to the left; the pupils were equal, moderately dilated—they did not act to light; the muscles of the face on the left side twitched convulsively; those on the right did not move; but were not paralysed; the right side of the face was considerably redder than the left; the right temporal artery was markedly more distended than the left; the whole of the right half of the face was covered with beads of sweat; there was no visible perspiration on the left side; there were convulsions of all the muscles on the left side of the body; none on the right; there were slight twitches of muscles of right leg.

8.20 p.m. Convulsions continued; there was stiffness of the convulsed muscles.

July 29th. Temperature 101; pulse 120; respirations 44; the convulsions had continued, were very severe in character, and had not ceased for a single minute since the attack began.

July 30th, 7 p.m. Temperature 101.8; pulse 100; respirations 44; he was quite unconscious; he died comatose at 10 p.m.

POST MORTEM EXAMINATION. The number and size of capillaries in the grey matter of the cerebellum were notably increased; some were varicose; there was fatty degeneration of the muscular fibres; the same condition, to a less degree, existed in the capillaries of the grey matter of the convolutions of the cerebrum; the pons, medulla, cord, and all the other organs, were healthy.

REMARKS. The researches of Claude Bernard have proved that irritation of the cerebro-spinal system of nerves, by paralysing the sympathetic, produces dilatation of the minute vessels, increased animal heat and augmented chemical action.

The phenomena observed in this case would, at first sight, appear to be satisfactorily accounted for thus—"Here is irritation of the cerebro-spinal system, as shown by the convulsions, producing increased heat and increased flow of the cutaneous secretion;" but, on the other hand, the phenomena of the convulsive attacks of epilepsy are a direct contradiction of this theory, for while in these attacks there is, as I think I may affirm as the result of very numerous observations, no increase of temperature, there is irritation of the sympathetic causing contraction of the vessels; hence the loss of consciousness, the pallor of the face, and the small radial pulse, and dilatation of the pupils.

Physiological science does not, as far as I am aware, at present offer any data for a theory which would give a satisfactory reconciliation of these apparently contradictory facts.

The *post mortem* appearances are evidence in favour of the views of M. J. Luys, regarding the pathology of the obscure disease known as general paralysis; namely, that the cerebellum is affected primarily, the cerebrum secondarily, and that hence the motorial disorder usually precedes the mental. (*Recherches sur le Système Nerveux Cérébro-Spinal*, p. 618.)

I may mention, in conclusion, that I found elevation of temperature in another case of convulsions occurring in a general paralytic; also in a case of convulsions caused by acute cerebral softening. The non-elevation of temperature in epilepsy may, perhaps, when thoroughly established by further investigations, serve as an aid in the diagnosis between true epilepsy and non-epileptic convulsions.

The temperature is considerably elevated in tetanus and in chorea; and although I am not aware that any observations have been taken of the temperature during convulsions connected with acute Bright's disease, yet as it is, as I know from experience, elevated in that disease, that elevation of temperature, would, in all probability, not be affected by the convulsions; so in convulsions caused by tubercle in the brain or meninges, an elevation of temperature would undoubtedly exist as the result of the tubercular disease.

HULL GENERAL INFIRMARY.

[Cases reported by T. M. EVANS, Esq., House-Surgeon.]

TERTIARY SYPHILITIC DEPOSITS.

Under the care of OWEN DALY, M.D.

JAMES BODDY, aged 39, a railway porter, was admitted on December 9th, 1865, suffering from severe headache, of a dull and constant character, and of four months' duration, which had been attributed to neuralgia, and treated as such. He was very thin and anæmic, and had a languid, vacant expression, with large, sluggish pupils. Three years previously he had primary syphilis, and enlargement of the inguinal glands, but he had not suffered from any eruption, sore throat, nodes, or other symptoms of a secondary character.

The headache increased in intensity, and was soon accompanied by dimness of vision, and a slow, tottering gait, so that he could not walk without support from surrounding objects; and a month after admission he became quite comatose, the pupils being much dilated, but not quite fixed, and there was no stertor. From this state he seemed to be roused by repeated blistering, and had so far recovered at the end of a fortnight as to be able to sit up, and to answer questions in a slow hesitating manner; but he did not appear to take notice of surrounding objects, being partially amaurotic. Several similar attacks