of various modes of treatment fallacious. Another period, equally fallible, is the time of return to occupation, which often varies with the indigence of the party. But the most uncertain and worthless of all standards is, the date of discharge from hospital. We know well that working men with families mostly leave hospital too soon, while persons without home-ties stay over long. Perhaps some of the difficulty may be met by marking two periods of convalescence, viz., incipient and complete—the incipient denoting the period when the fever has quite abated, and the march of the disease stopped—the complete, when the lung has quite returned to its pristine state, a period in different cases very variable in time.

Until, therefore, writers come to a definite agreement upon this point, tables of the duration of the disease under different modes of treatment are not to be depended on. I have myself, from time to time, employed nearly all the known modes of treating pneumonia; and I have never met with any which has afforded me such unvaried satisfaction as that which I have just described, and for which I solicit a patient trial from the profession.

In conclusion, our warmest thanks are due to Professor Bennett for his strenuous opposition to the exhausting systems of treating pneumonia formerly in use. It is but justice, however, to state that the leading physicians of the day have arrived at nearly the same conclusions by a different route, accounting for the great change in its active treatment upon the empirical theory, that we have passed into one of those cycles of asthenic type in which the use of the lancet is rarely allowable. This view has been ably supported by Professor Law, the President of the Section, to whose instructive lectures on diseases of the thorax, I and many others are deeply indebted. Dr. Bennett explains his practice on quite different principles, upon which I do not think it necessary to enter.

NOTE ON REGIONAL PALSY AND SPASM.

By J. HUGHLINGS JACKSON, M.D.,

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I FEEL much indebted to Dr. Bastian for drawing attention, in his very important paper in the JOURNAL for December 14th, to certain views I have put forward on Arterial Regions of the Brain. I have not, however, applied the speculation of spasm limited to the branches of the middle cerebral artery to the explanation of cases like the one he has related, but to cases of unilateral convulsion which might or might not be followed by temporary unilateral palsy.

I first thought (*London Hospital Reports*, vol. i, 1864) that, just as permanent starvation of nerve-tissue of the corpus striatum consequent on complete mechanical blocking of the middle cerebral artery led to permanent hemiplegia, so temporary contraction of the whole of the branches of this vessel might produce temporary disorder of the same muscular region, hemispasm. And I supposed that, when palsy followed the seizure, the spasm of the vessels had been complete enough or long enough continued to produce so great a break in the nutrition of nerve-tissue, that minutes, hours, or days, would be required for its restoration. I did not suppose that the contraction of the vessel was continued beyond the paroxysm. The speculation has undergone further developments; and I will briefly state how it chiefly stands at present. I may also refer to recent Hospital Reports in the JOURNAL, and to the number for September 22nd, 1866, p. 329. The apparent dogmatism in what follows is not real. I am bound to write very briefly, as I am at present publishing on the same subject elsewhere.

1. There is an unilateral spasm, the counterpart of the unilateral palsy which damage to the corpus striatum produces.

2. In both, the faulty internal region is the same.

3. In hemiplegia, nerve-tissue is destroyed. In hemispasm, nerve-tissue is simply unstable.

4. The hemiplegia, therefore, is permanent; the hemispasm is occasional.

5. The local disorderly expenditure of force may occur: (a), as the failure of the unstable part in a general arterial wave throughout the body. We see a semi-paralysed arm become spasmodically affected in a general emotional condition. (b). The unstable part may fail from local spasm; for, although the arterial system is an unit, it is no doubt an unit of units. In support of this second possible manner of failure, I have, I confess, very little to say that is sufficiently definite to be said briefly. If diseases are to be studied as departures from health, the point is to be studied as part of the much wider inquiry, What is the

share the arteries take in regulating nutrition and developing function?

The thing of most importance is the positive study of convulsive paroxysms, regardless of the vested rights of certain clinical entities; and this may be done independently of any theory. I admit that there are many difficulties. The chief apparent discrepancy is accounted for by Dr. Broadbent's valuable hypothesis on centres for unilateral and bilateral motion. (See *Med.-Chir. Rev.*, April 1866.)

NOTES OF A PECULIAR CASE OF EPILEPSY.

By WILLIAM T. GREENE, M.B.Dub., etc., Moira, co. Down.

ON the 29th of August last I was called in to see a young girl, 16 years of age, the daughter of a well-to-do tradesman, who, whilst dressing herself that morning, had suddenly fallen down in what the parents termed a "fit," and which, from the description they gave of it—viz., "a sharp cry at the moment of falling, convulsive movements of the limbs, foaming at the mouth, flushing of the face," and, finally, "recovery after some minutes without any recollection of what had taken place"—I concluded to have been an epileptic seizure; the more so, that the patient, a well-grown but anæmic girl, had for some time menstruated irregularly, and for the last two months not at all. I further ascertained that my patient's bowels were irregular, though not particularly so, and her appetite capricious; but she slept well, and complained of nothing except an occasional "dull feel," as she described it, at the back of her head.

Thinking it probable, from the girl's age (the menses had made their first appearance more than a year before), and the fact of this being the first attack of the kind she had ever had, that it might be due to the interruption of the catamenial flux, the result of the anæmic condition in which I found her, and too close confinement to the house, I ordered three grains of citrate of iron and quinine in water three times a-day, and some aperient pills to be taken occasionally. Her mother then took her to the sea-coast for change of air, and I did not see her again until the 16th of the ensuing November, when her father came for me. He stated that, after taking my medicine for some time, the girl had improved very much; so much so, that he was in hopes there would be no repetition of the attack; but that upon the previous evening (November 15th), whilst sitting at the piano, his daughter had suddenly uttered the too-well remembered cry, and had then fallen in a fit, which, however, had lasted much longer than the first.

Upon seeing the patient herself shortly afterwards, I found that she had grown exceedingly fat in the interval; so much so, that I thought, at first, her face must be swollen; but she had more colour and seemed livelier than when I first saw her in August. The mother informed me that, after taking the iron and quinine mixture for a couple of weeks, her daughter had menstruated twice, at an interval of three weeks, but that there had been no "change" since then; and that for some days previously to the second seizure the girl had complained of the "dull feeling" at the back of her head, of which I have already made mention as precursory of the first attack. Considering that the attacks were due to the derangement of the uterine system alone, I ordered regular exercise in the open air, and ten grains of bromide of potassium in an ounce of infusion of cinchona three times a-day. This she continued to take for two months with manifest benefit; the heavy bloated look gradually disappeared, the catamenia returned, the action of the bowels became regular, the appetite normal; and I congratulated myself upon her recovery, which I, not unnaturally, attributed to the influence of the bromide of potassium. One day, however, after the patient had been about two months under treatment, I called to see how she was getting on; and, after speaking with the mother for some time upon different subjects, she said, just as I was leaving the house, "By the bye, doctor, I always forgot to tell you that Kate" (her daughter) "was in the habit of taking 'flowers of sulphur' for her complexion; you know young people are so foolish." "Indeed," I exclaimed, "in what quantities, and for what length of time?" "Why, she tells me she took a teaspoonful every night for a considerable time, she cannot exactly remember for long before the first attack, and began it again soon after our return from the shore; that is, about a month before the second."

Here was food for reflection. Was this sulphur-taking at the bottom of that derangement of the system that eventuated in the epileptic seizures which I had attributed to the disordered state of the uterus and ovaries, due itself, in all probability, to the introduction into the blood of the large quantity of sulphur which my young patient had been taking for the improvement of her complexion? At any rate, as well as I could ascertain, the irregularity of the catamenia dated from the time at which