of bed when in a state of perspiration, and had felt immediately chilled by a draught of cold air from an open door near which she lay.

The diagnosis in this case presented no difficulty whatever. Attention was so pointedly directed, by the pain which was experienced, to the left hypochondrium, and the results of examination were of such a nature as to have left no doubt that the spleen was the seat of the disease. At first, indeed, when the exploration of the hypochondrium discovered the tumid spleen, it was doubtful whether it was the body of the spleen itself which was the seat of acute disease, or the membranous tissues exterior to its substance. The enlargement of the spleen, detected on the first examination of the hypochondrium, might have been, for aught we know, an old disease, and the disorder which gave rise to the acute symptoms might have been inflammation of its capsule, or of the peritoneum. The subsequent fluctuations in the size of the organ, however, made it apparent that, while the tissues in question might likewise be affected, the spleen itself was certainly in a state of acute disease. Unless these changes in the size of the organ had occurred, there could have been no certainty of this kind, for there are no special and peculiar symptoms not connected with the size of the organ by which acute inflammation of the spleen can be distinguished from acute inflammation of other organs or tissues included within the left hypochondrium. I need advert but very briefly to the doctrine of M. Piorry concerning the symptoms of enlarged spleen, because they have more reference to simple engorgement, or to chronic disease, of the organ, than to acute inflammation of it. He holds that intermittence in the febrile symptoms is peculiar to disease of the spleen—or, in other words, that intermittent fever is the expression of the diseased condition of the spleen. What the morbid action which exists in the spleen under such circumstances actually is, M. Piorry does not seem to have determined. Whether it be congestion, or inflammation, or any other sort of disease, seems, in his estimation, to be of little consequence, provided there be enlargement of the organ; and it is, probably, because at a loss to decide what is the necessary sort of morbid process going on in the spleen when intermittent fever exists, that he uses a term to distinguish it, which merely implies the state of enlargement—to wit, *hypersplenotrophie*. The very frequent coexistence of disease of the spleen with intermittent fever is sufficiently well known, but it is far from being ascertained, or, rather, the experience of some very attentive observers is at variance with the doctrine, that disease of the spleen is necessarily present in intermittent fever, and, of course, with the conclusion of M. Piorry, that the fever is an expression of such local disease. By the assistance of percussion, he has, indeed, been able to determine that the spleen was enlarged in that class of fevers when the degree of enlargement was too inconsiderable to have been detected by other means, and thus he has established in a greater degree than others the frequency and importance of that condition of the spleen, as a complication, at least, of febrile disorders that are distinguished by intermittence. Even he, however, acknowledges that, while acute splenitis is, in common with other causes of enlargement of the

spleen, a source of intermittent fever, it is sometimes accompanied by fever of a continued type, like other inflammatory diseases.

March 14. When examined to-day as minutely as the still sore state of the surface allowed, the spleen appears to have shrunk almost, if not entirely, into its natural dimensions. The impaired percussion sound has its greatest extent horizontally, measuring about three inches and a half. The febrile symptoms have ceased. The bowels continue to be acted upon by medicine, but less freely. I consider the disease to be cured.—*Dr. Henderson's Clinical Lectures.*

STATISTICS OF EPILEPSY.

By M. LEURET, of the Bicêtre, Paris.

The following facts are taken from the first part of an interesting paper on this subject, by M. Leuret:—

Among 106 cases of epileptic patients, 24, or nearly one-fourth, began to be affected between the 10th and 14th year of their age; 18 were first attacked between their 15th and 19th year, and 16 between their 20th and 24th year; 58 patients, consequently, of the whole number were first attacked between their 14th and 24th years. Of the 106 patients, the disease was ascertained to have existed either in the father or mother in 6 instances only. And in no more than 8 cases was it found that the parents had died of any disease of the brain; there was insanity thrice; apoplexy twice; paralysis once; suicide once; meningocephalitis once. Of the 106 patients, 30 had been drunkards; 24 masturbators; and 15 addicted to women. The actual or presumed cause of the first attack was ascribed to terror, in fifteen cases; to Onanism, in twelve; to drunkenness, in six; to anger, in two; to distress, in two; to falls, in two; to libertonage, in one; &c. 30 of the 106 patients had an attack very regularly once a fortnight; 17 suffered attacks once a-month; 13 once a-week; 9 every three or four days; 4 almost every day; 2 every day; 1 every two months; 3 every three months; and 24 at very irregular intervals. In 35, the attacks supervened in the night especially; in 29, they were as frequent in the day as in the night; in 12, they frequently occurred in the day; in 8, they occurred during the day only; in 8, in the night only; in 3 in the morning only; in 3 others, generally in the morning; and in 1, in the evening only.—*Archives Générales de Médecine*, May, 1843.

THE QUEEN'S COLLEGE, BIRMINGHAM.

Her Majesty has been graciously pleased to grant a royal charter of incorporation to the School of Medicine and Surgery at Birmingham, with the privileges, immunities, rank, and title of the Queen's College, Birmingham. Her Majesty has been graciously pleased to nominate the Rev. Samuel W. Warneford, first visitor; Dr. Edward Johnstone, first principal; and James Thomas Law, Esq., the first vice-principal; J. E. Piercy, Esq., treasurer; and William Sands Cox, dean of the faculty.

The above-named gentlemen, together with Earl Howe, Lord Lyttelton, Dr. Booth, Messrs. E. T. Cox, Egerton Bagot, Vaughan Thomas, James Taylor, Joseph Webster, Richard Wood, Thomas Upfill, Dr. Johnstone, and Dr. Davies, constituted the first council.