

by thickening of the arachnoid, and the vessel itself is surrounded by an effusion of yellow lymph. This last-mentioned condition is not present on left side of cerebrum.

Substance of brain generally softened, grey matter of convolutions very pale; ventricles contain 1 oz. of fluid; fornix and septum lucidum of a pulpy almost creamy consistence. On section of the right optic thalamus six or seven hard yellow tubercles are seen, one or two being as large as common peas; they slip from under the knife on section. A pale flaky deposit of lymph covers right optic thalamus. No tubercles found in left hemisphere. Weight of brain 40 ozs.

Lungs free from tubercle; right lung bound firmly to the walls of the chest by old fibrous adhesions. Other organs all healthy.

Remarks.—The above case seems to me to be interesting, owing to the infrequency of tubercular meningitis occurring in the adult without tubercles in the lungs. The well-marked symptoms, which from an early date pointed out the nature of the disease, and the characteristic changes found after death, are, I think, all worthy of note.

Clinical Memoranda. By GEORGE THOMPSON, L.R.C.P. Lond.,
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*A Case of Apoplectiform Congestion of the Brain. Death.
Autopsy.*

Samuel S. was admitted to the Bristol Asylum in 1861. He was then 41 years of age. He had been an inmate of the Ohio State Asylum, U.S., America, and had been discharged therefrom, in what condition it is difficult to say. He returned to his friends, who lived in Bristol, but he had hardly got settled at home when he displayed most violent and dangerous propensities. With no previous warning, he would exclaim that he was followed and persecuted, and would attack anyone near him. He was, therefore, placed in the Asylum. At first he had (to use a hackneyed expression) lucid intervals, and in these intervals he was usually employed at his trade—that of a shoemaker; but as time went on dementia became progressive, the attacks of violence became more frequent and severe, and latterly he would use his teeth on those about him. It was reported, further, that each attack of the irascible emotion was followed by a slight epileptiform seizure, which symptom was again followed by partial, though very transient insensibility. On the 9th of November, 1871, for no other reason than annoyance at being moved to the dinner table, he became excessively violent, struck the attendant, rushed at the window to break glass, as

he had often done before; seized a chair and flourished it about pretty freely, became convulsed—first in the lower, and then in the upper limbs; the face became twitched and livid; he then gasped once or twice and died.

At the autopsy—made 22 hours after death—the following conditions were found and noted. The body was lean (*i.e.*, void of superabundant fat), but muscular. There were no external marks of injury, beyond a few scratches on the hands, as if caused by broken glass. Sugillation was present in the depending parts to a very marked extent. Rigor mortis was strongly marked. The skull-cap was of a deep purple tint, thick, irregular, unsymmetrical, and deeply eroded by channels for the meningeal vessels. The *dura mater* was strongly adherent in the fronto-parietal region, and everywhere greatly thickened. After stripping this membrane no injury to the bones of the skull could be detected. The surface of the brain presented a dark mass, consisting of engorged vessels and a mixture of the sub-arachnoid fluid with the colouring matter of the blood which had oozed through the vessels. On section, the brain matter was seen to have a deep purple colour, and had a mottled appearance. No extravasated blood was found in any part of the brain, or in the meninges of this organ. Beyond unusual congestion of the parenchymatous organs, nothing unusual was found. The bladder, which had been emptied in the act of dying, was found contracted.

NOTE.—Congestive affections of the brains are by no means uncommon, but it is rarely that death results as an immediate effect of this condition. The case is interesting, as illustrating the effect produced by change of calibre of the vessels, a condition which is more serious, being fully recognised as sufficient to cause many of the phenomena of insanity, either in a direct way or by impairing the nutritive changes in the brain, and so producing a permanent condition of dementia. The recognised persistent spasm of the minute vessels in general paralysis is of itself sufficient to account for the wasting of the brain found in that disease, as also for the attacks of cerebral syncope which often occur, while the opposite condition of extreme dilatation will account for epileptic and epileptiform seizures so common amongst the insane. With the latter, I would classify the case I have related, though in no respect could the patient be deemed an epileptic.

Case of Inoculation of Erysipelatous Virus, by means of a Bite.

William F., an old attendant in this asylum, became disabled, and rendered unfit for further duty in this manner;—Samuel C., suffering from acute delirious melancholy, appa-

rently due to erysipelatous septicæmia, was admitted to this asylum on April 19th, 1873. He resisted violently any kind of interference whatever, and his antipathy to food or drink was his strongest symptom. It was necessary to feed him with the stomach pump. On one of these occasions, W. F., the attendant, whose sole duty it was to hold one hand, allowed the patient to get his thumb between his teeth, and the force with which he held it was so great that the dilator had to be used before the thumb could be got away. It was then found to be severely lacerated; and the danger to which the man was exposed being recognised, the thumb was bathed, and the usual antiseptics applied to it. The injury was, however, followed by diffuse cellulitis of the hand and arm, and much constitutional disturbance. The thumb became gangrenous, and a "line of demarcation" had begun to form, when the sufferer was removed by his friends to a local hospital, *where the thumb was amputated!* The attendant recovered "by the skin of his teeth," but was unfit for work of the like kind. The patient died.

NOTE.—Besides the pathological interest possessed by this case, it forms another instance of the risk to which all who are attendant on the insane are exposed.

Epilepsy and Migraine: a Clinical Note. By RICHARD GREENE, Senior Assistant Medical Officer, Sussex Lunatic Asylum, Haywards Heath.

I believe Dr. Anstie, in one of his interesting papers on Migraine, has drawn a parallel between that disease and epilepsy, or has written that the paroxysms of some forms of sick headache resemble epileptic attacks, and may even develop into true specimens of the latter. This idea was, I confess, new to me and to most of my medical brethren with whom I have had an opportunity of conversing on the subject. Liveing, however, in his recent monograph on megrim makes the same statement.

Now it has been *proved*, and I say this in spite of the late observations of Dr. Binz, that the bromide of potassium very often indeed reduces the number of epileptic seizures (though I have never seen a cure from it); and it has also been proved that the same medicine has a decidedly beneficial effect in certain varieties of migraine. So far, then, actual experiment favours the transmutation theory.

I have elsewhere shown that the Indian hemp has a singu-