

advice to those visiting the Asylum is also judicious, and often much needed: "Well-meaning, but inconsiderate visitors, sometimes do their friends harm by thoughtless conversation. Do not make your friend's heart ache by referring to his own troubles, unless there is real necessity to do this. Do not anywhere, but especially in an asylum, be what is called a 'croaker.'" These extracts will serve to convince our readers that Mr. Hawkins is a sound counsellor, both for patients and their friends, and that the Superintendents of Asylums might advantageously possess themselves of copies of his books for distribution. That bearing the title "Work in the Wards," is full of wise counsel. We sincerely wish them a large circulation.

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*De quelques accidents de l'épilepsie et de l'hystéro-épilepsie.*  
Par EMILLE BOVELL, M.D. (Paris.) Paris, 1877.

This production is one of the many evidences of the extraordinary amount of interest which epilepsy and hystero-epilepsy excite at the present day. In France, England, and America the attention directed to the character and pathology of these affections has produced a crop of works on the subject. In Paris the researches of the distinguished Charcot have thrown a special charm over the study of hystero-epilepsy. Probably they have had some influence in suggesting the inquiry undertaken in the brochure whose title heads this notice, the main object of which is to investigate certain complications of the epileptic crisis, with and without hysteria. The author gives a *résumé* of observations already published in regard to congestions following—(1) Lesions of the brain and cord from various morbid causes; (2) traumatic lesions of the brain or cord; (3) experimental lesions; (4) hysterical attacks. In hysteria and epilepsy little is known of these morbid phenomena, because death rarely follows an attack of hysteria, and because those phenomena of an epileptic attack which are studied by the author have received disproportionately little attention. This portion of the essay contains a number of interesting cases, in which visceral congestions, succeeding the above-mentioned states, assume the form of renal, hepatic and pulmonary disease, joint-affections, cutaneous disorders, rise of temperature in the parts paralysed, &c. These cases are followed by another series, in which albuminuria, glycosuria, retinal congestion

with dilated pupil, cutaneous affections, and rise of temperature occurred in connection with epileptic seizures, or with the allied condition of hystero-epilepsy. The author asks, by what mechanism these different phenomena are induced, and handles the question in a lucid manner. The rise in temperature, when it occurs in the course of epilepsy, is attributed to paralysis of the vasomotor nerves. Congestions of various parts, also, whether of the skin or the viscera, notably ecchymoses, are referred, not to asphyxia, but to vasomotor disturbance. In regard to the former (the temperature) it is observed that the explanation drawn from exaggerated and prolonged muscular contractions while capable of accounting for some would not by any means account for all of the elevation which has been discovered by competent observers. Thus violent muscular exercise may raise the heat of the body from  $5^{\circ}$  Cent. to  $1^{\circ}$  above the normal height; but in an epileptic attack the temperature may reach  $41^{\circ}$  Cent., whilst with hystero-epileptics, the rise is not more than to  $38^{\circ}.3$ , although the muscular contraction is not less violent or prolonged than with the former. "It is necessary, therefore, to invoke another cause besides muscular spasm to explain the considerable difference which exists between these numbers. It appears reasonable to admit that the vasomotor apparatus, which seems to take part often, if not always, in the cerebro-spinal affections of epilepsy, as in hysteria, is more profoundly affected in a neurosis, which (as clinical observation demonstrates) most profoundly changes the nervous centres which it affects" (p. 72).

As respects the explanation of congestions by asphyxia, this is obviously based upon the arrest of respiration, which occurs for a longer or shorter time in a fit; the blood ceasing to be oxygenated, circulates less freely in the lungs, and is thrown back upon the venous system, which, of course, becomes surcharged, and congestions and even hæmorrhages may be the result. It is argued that if the cause were always to be found in asphyxia, congestion and hæmorrhage should only be found or produced during and immediately after an arrest of respiration. This, however, as is well known, does not hold good in the majority of cases, but, as in two reported by the author, they were the *avant-coureurs* of the crisis. The conclusions at which the author of this monograph arrives on the whole subject are, that with epileptics there arise certain phenomena which may be called congestive complications (albuminuria, glycosuria, ecchymoses, &c.). By their side there are other phenomena, as dilatation of the pupil, pallor,

horripilation, &c., which must be connected with the former. In short, they are no less the result of functional lesion of the sympathetic. Again, there exists an analogy between the congestive complications of epilepsy, and those which are seen in patients suffering from traumatic and other lesions of the brain and cord; an analogy not only in regard to the symptoms; but the mechanism by which they are produced. The congestive complications of hysteria may also be illustrated by corresponding occurrences in experiments upon animals. Echeverria's recent researches into the morbid appearances found in epileptics after death favour the view that the sympathetic is implicated in epilepsy.

In consequence of the narrow limits imposed by the author, the subject, which is treated in a manner at once cautious and logical, is necessarily only glanced at. It is, however, in the same direction, and in the same scientific spirit that alienist physicians must work in order to place the physical signs of epilepsy in the obscure and perplexing forms in which it is frequently presented to them, upon a sure and dependable basis. For them nothing is, at the present time, more important, in a medico-legal point of view, than to ascertain the delicate symptoms which show not only that the patient labours under an attack, however slight, but also *that an attack has recently occurred*. This remark applies, of course, to cases of mania transitoria. The evidence of the patient and his friends may be wholly insufficient to establish an epileptic attack, but an immense stride will have been made when we can, by physical signs alone, persisting for some time after a seizure, declare with certainty that it has taken place. Evidence of this kind confirmatory of an opinion (formed on other grounds) that a man accused of, for example, a homicidal act, was at the time he committed it, the subject of epilepsy, however fugitive in character, must always be of great moment in a Court of Law.

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*A Manual of Necroscopy, or a Guide to the Performance of Post-Mortem Examinations. For the use of Students and Practitioners.* By A. H. NEWTH, M.D. pp. 157. Smith, Elder, & Co., London. 1878.

In the education of a medical student few things are of more importance than a thorough instruction in morbid anatomy. It is the basis and groundwork of clinical medicine, and without a practical knowledge of the subject, it is