If the sections are supported throughout on small pieces of tissue-paper the fragility forms no obstacle to success.

The steps are, harden in formalin, cut sections on freezing microtome without embedding or washing, dye in Kulschitsky's acid hæmatoxylin, differentiation by Pal's fluids, washing, dehydration, &c.—by these means the tracing of fibres in the cortex is rendered very easy.

Discussion.

Dr. CLAPHAM asked upon what grounds was the patient sent to the asylum? He had a similar case in Sheffield, which he admitted into the Royal Hospital. It differed in the fact that it was not fatal, but there was no difficulty in treating the case in the ordinary wards of a general hospital.

Dr. FORD ROBERTSON, with regard to the use of alcoholic fixation, said that Continental observations upon nerve-cells had been made almost entirely with the sublimate fixation, and by those authorities alcohol was always said to be practically of no use. He himself did not see that the nucleus could by any probability be fixed, and he was sure that the post-mortem changes would be very great. He was entirely in favour of sublimate in the fixation of nerve-cells.

Dr. CLOUSTON desired to express great thanks to the reader of this paper. It made them realise how all-important pathological work was, and how much they were indebted to the younger members of the Association. In regard to the causation of such an acute case, his (Dr. Clouston's) choice would have lain in the diagnosis between acute rheumatism and the toxic effects of the dead fœtus. He was not aware that a dead fœtus could cause chorea. Such a cause might produce convulsions, and undoubtedly it could cause pneumonia, but it would be a new fact if poisons from a dead fœtus could cause chorea; while, on the other hand, they knew that rheumatism was intimately connected with chorea. If there had been a record of high temperature he would have favoured the diagnosis of rheumatism.

Dr. ALDOUS CLINCH said he stated expressly that it was only in the study of the cell that he regarded alcohol fixation as sufficient. He made no reference whatever to the complete study of the nucleus in his paper.

Clinical Cases. By F. GRAHAM CROOKSHANK, M.D.Lond., Assistant Medical Officer, Northampton County Asylum.

1. *Post-epileptic Hysteria.*

A MAN, E. C—, aged twenty-eight, is at present a patient in the Northampton County Asylum. This man has since childhood suffered from epilepsy, and although at one time the fits were for several years in abeyance, just now they are frequent and often severe. The attendants, who have known him for many years, state that while the severe fits are of the usual type, the lesser ones are often followed by "antics" and "playing the fool." In one of these less severe attacks, which I witnessed recently, the convulsions had all the characters of a genuine epilepsy, and were fol-

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lowed by the usual stage of stertorous passivity. But this stage was of short duration only, the patient suddenly springing up and adopting the "segment of a circle" position, the occiput and heels alone touching the ground. Suddenly relaxing, he then raised his trunk from the ground and bent forwards towards his feet five or six times in succession. Then, falling on his back, the knees were flexed and the thighs drawn up on the abdomen, and then as rapidly stretched out. This he repeated several times. Drawing up the thighs again, he placed his hands on his buttocks and rocked backwards and forwards, shouting loudly a stave or two of "We won't go home till morning." Finally he burst into a loud laugh, gesticulated extravagantly, got up from the ground, picked up his hat, and sat down complacently on a bench. These last movements were performed quite automatically, and without the least evidence of conscious appreciation. In fact, he continued for some hours in a dreamy state, and not till the next day was he fully and clearly conscious. I have no doubt at all that the convulsion was a genuine epilepsy, and it is quite obvious that the subsequent performance corresponded in detail to the series of movements demonstrated by Richer in hysteria major.

In most text-books very little is said of the connection between true epilepsy and hysteria. The occasional occurrence of post-epileptic hysteria is noted, but nothing more. Such cases as this, in which phenomena usually regarded as hysterical occur as part of the series of phenomena of a true epilepsy, are both interesting and important. Surely it is of more than academical interest to inquire whether these "posturings" are simply phenomena naturally allied to the automatism and somnambulism which, as we know, may occur indifferently after hysterical or epileptic convulsions; or whether these posturings are essentially hysterical, and hysteria a mental condition accompanied by somatic disturbance, one of the causes of which is epilepsy. At any rate a knowledge of the occurrence of these symptoms of "la grande hystérie" in males after epileptic convulsions must lead to considerable diffidence in denying, even in women, the epileptic nature of fits succeeded by "clownism" and "zoopsea."

2. *Congenital Aberrations of the Epiblast in an Insane Man.*

An elderly man was a few months ago apprehended in Buckingham Palace Yard as a lunatic wandering at large.

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He eventually became an inmate of the Northampton County Asylum, where he at present remains. He is a perfectly happy, merry, and well-behaved old man, who believes that he has some claim to the throne of England, and is content to await the public recognition which he is persuaded will not long be denied him. There is some reason to state that he has always been of an eccentric and singular turn of mind. Such interest as may attach to his case is due rather to his cutaneous than his mental eccentricities. The whole of this man's skin is thickly studded with warts, sessile and pedunculated, and with little nævoid growths. His ears are long, narrow, with the satyr's point well marked, and with an abundant growth of hair on the inner surface of each tragus. On the posterior fold of the left axilla is a well-formed mamma about the size of a pigeon's egg, and presenting a well-developed virginal nipple. Over the sacrum and the lower part of the lumbar curve is that localised growth of abundant and coarse hair so often associated with spina bifida occulta, and so frequently represented in a conventionalised form on classical statues of fawns and satyrs. On the knees and elbows are patches of inveterate psoriasis, a disease from which he has suffered throughout life. The palatal arch is wide and flattened out, and the whole facial expression irresistibly suggests that of a kindly and humorous old satyr.

When noticing, as in this case, the correlation of the insane diathesis with cutaneous abnormalities, one cannot forget that the central nervous system is, no less than the skin and its appendages, of epiblastic origin. There is, therefore, rational justification for acceptance of the clinical teaching that cutaneous abnormalities frequently indicate the "insane diathesis."