

II.

Hypodermic Injection of Nitrite of Amyl for Lumbago, followed by Epileptiform Convulsions.

The following case may prove interesting from more than one point, and should, I think, be recorded. First, it accentuates the fact that amyl is not so constant in its action as is generally supposed, and that its depressing, inhibiting, or paralyzing action on the heart is constantly to be borne in mind. Dr. Sidney Ringer has noticed this occasional action of the drug upon the heart, and also speaks of the strange effect sometimes produced on the nervous centres. He says, "I have seen one case where a woman, immediately after a drop-dose, turned deadly pale, felt very giddy, and then became partially unconscious, remaining so for ten minutes." And again, "A delicate woman, after one-thirtieth of a drop, passed in a few moments into a trance-like state."

Secondly, it has a questionable bearing on the (what some people consider doubtful) action of the heart during the onset of epileptic or epileptiform attacks. The patient in the case given below was admitted as a non-epileptic, had been more than six years in the asylum without having any kind of fit, and has been equally free from convulsive attacks since the occurrence recorded.

CASE.—Charles C., aged 53, a chronic maniac in rude bodily health, was seized with lumbago; for several days he was almost unable to move, and the usual treatment—warm baths, saline aperients, &c.—failed to give relief. On October 13th, 1882, when he had been ill several days I administered hypodermically a ten minim dose of a ten per cent. solution of nitrite of amyl in rectified spirit.

Immediately after the injection the pain disappeared; he got up from the bed, and at my request stooped and touched the floor with his fingers. In as nearly as could be guessed about a minute and a half, he suddenly became deadly pale, and sank back upon the bed without sigh or other noise. On assuming the horizontal position, his face, head (bald) and neck became congested, and he was strongly convulsed for about the period of half a minute. The convulsion affected the face and upper extremities strongly; the lower limbs only slightly, the legs being drawn up towards the body and retained in that position. During the convulsion the eyes were open and rolled upward, the mouth was drawn in a grin, and the breathing was suspended. The hands were clenched, and they and the arms were strongly shaken, while the teeth were ground. Immediately after the convulsion the pupils did not appear to be affected. Before and during the early part of the seizure I had my finger on the pulse; it became weaker,

and I lost it altogether just before the muscular movements commenced. As soon as the convulsive movements ceased the patient clambered to the sitting posture, and began talking in an incoherent manner, as was his custom, and although he looked "lost" he answered simple questions.

In about two minutes or perhaps three after his recovery from the first convulsion, he was again attacked in a similar manner. He seemed to "faint," and immediately after rolling over he was convulsed as before, but more strongly. On this occasion I happened to have my ear upon his naked chest listening to the heart sounds, which became weaker, or more distant, and then suddenly ceased; at this instant an attendant standing by called out "He has fainted again." The muscular movements continued for forty or fifty seconds and were appreciably stronger than on the first occasion. The respiration ceased with the stoppage of the heart's action, and began somewhat heavily on the cessation of the convulsive movements when the patient once more sat up and talked as before.

He was now made to inhale some chloroform, some of which was also applied to his bald scalp; this, he said, "made his head nice and cool;" "but," he added, "it is warm inside."

He soon regained his usual colour, and looked as if nothing had happened, except that he had entirely lost his pain, and could walk about and bend the spine with perfect ease. There was no return of faintness, and an hour later he made a hearty tea. He was kept under supervision for four days, and as nothing strange occurred he was allowed to go to work again out of doors, where he has been employed daily up to the present time.

Case of Cerebellar Hæmorrhage. Abnormalities of Cerebral Arteries. By JAMES SHAW, M.D.

J. P., aged 74, was admitted into Haydock Lodge Asylum, on the 26th August, 1880. This was said to be the first attack, and of twelve months' duration. Patient was described as suicidal.

The following information was obtained from the medical certificates on which she was admitted:—

Conversation incoherent and irrational. Restless and excitable. Noisy and violent; screaming, scratching, kicking, and biting when she was being dressed. In constant fear that everyone wished to do her some bodily injury, bleed her, remove her skin, cut her up, &c., &c. She also feared that they were attempting to take her money. Disliked those about her.

Condition on 2nd September.—Circumference of head $21\frac{1}{4}$ inches. Left pupil larger than right. Gait staggering. Very talkative and incoherent. Irrascible. Restless and sleepless at night. Clean in