

abound in the abdomen—the sympathetic system of nerves, the semilunar and visceral ganglia, and the small nerve ganglia in the coats of the bowels. Ferrier thinks that the posterior lobes of the brain are the seat of the organic brain functions but there is no proof of this, and the lower portions of the middle lobes are yet quite unappropriated as to localised functions. It may be that their functions are those of presiding over and regulating alimentation and digestion. The real cause of abolition of the normal food appetites in so many diseases and states of disordered health and their perversion in other instances is unknown, but beyond a doubt we must refer them to some central cause in the brain. This case might be supposed to point that way.

Case of Right Hemiplegia resulting from Closure of the Left Carotid Artery due to Thickening of Fibrous Tissue around it, caused apparently by Irritation of a Hypertrophied Clinoid Process. By J. J. BROWN, M.B., Royal Edinburgh Asylum. (Specimen shown at last Quarterly Meeting of the Association in Edinburgh.)

E. W., female, æt. 60. Admitted on the evening of Oct. 11th, 1877.

No history could be obtained beyond the facts stated in the medical certificates, which were that the patient had been excited, and was found wandering about the streets in a half-naked condition.

On admission she was slightly excited and somewhat enfeebled. She talked in a rambling and childish manner, was restless, wandered about the ward without any apparent purpose, but was in no way violent. When walking patient inclined to the right side, and the right leg seemed a little weaker than the other, but no other distinct motor paralysis could be detected, and the sensation of the right side was unimpaired. There was complete amaurosis of the left eye and incomplete of the right, but patient could give no account of how it came on, &c.

Lungs.—No dulness on percussion; sibilant râles were heard all over both, and patient complained of cough, accompanied with expectoration.

Pulse 84. Temperature 98·4° F.

Other organs normal.

Oct. 12th.—Patient slept well during the night, this morning talks quite rationally, seems free from excitement, but is somewhat enfeebled. She states that the sight of the left eye has been lost for some months, that it gradually became affected, and that now the sight of the right eye is affected in the same manner.

Oct. 13th.—During the night patient has had a distinct attack of right hemiplegia. She is unconscious this morning, cannot move her right arm or leg, and the sensation of both these limbs is entirely lost. Deglutition is much impaired, she is unable to protrude her tongue, but there is no apparent paralysis of the facial muscles. Pulse 108. Temperature 99° F.

Symptoms remained much as noted, except that the bronchitis became gradually more severe, and patient died on Oct. 27th.

Post-mortem examination 48 hours after death.

Cranium.—Dura mater was slightly adherent at vertex to the underlying structures, otherwise healthy. Pia mater was opaque and milky all over the vertex, but was non-adherent to the grey matter of the convolutions. Convolutions were somewhat atrophied, sulci wider than normal, and filled with a clear serous fluid. There was considerable difficulty in removing the brain owing to the fibrous structure about the region of the Sella Turcica. On examining the skull the left posterior clinoid process was seen to be hypertrophied, being fully a quarter of an inch in length and an eighth of an inch in width. In front of this the left carotid artery was hypertrophied in all its coats, and the lumen of the vessel almost occluded. Around the vessel and in the Sella Turcica the structures were firm, fibrous, and matted together. The right carotid artery appeared perfectly normal. The base of the brain after its removal presented a fibrous structure involving the left optic tract, the left half of the optic commissure and the left optic nerve completely matting the parts together, and through which the left carotid artery passed. The right optic nerve was hypertrophied, while the left was much atrophied, being quite tough and fibrous. No embolus was found, though carefully looked for. Well marked granulations were seen on the floor of the fourth ventricle, otherwise nothing abnormal could be detected. Lungs were oedematous and the larger bronchi inflamed. Other organs normal.

OCCASIONAL NOTES OF THE QUARTER.

Payment for Work done in Asylums.

The following is an extract from the report of Dr. Orange, of the Broadmoor Criminal Asylum, for 1876:—

Although there can be no question that the inmates of a lunatic asylum are themselves benefited by being employed in suitable work, and although it might, therefore, be theoretically held that the officer placed in charge of an asylum would be perfectly justified, on this ground alone, in compelling the whole of the able-bodied inmates to