

the treatment of her previous condition led me to believe this to be a case of hystero-epilepsy.

CASE 2.—The patient was a neurotic-looking woman, twenty-two years of age, recently married, who had been weakened by an attack of influenza a short time before. During her school days she had had two or three "fits" of some kind, this being, so far as I could gather, when she was about the age of puberty. It was after a hard day's sight-seeing at Versailles—a lot of the time having been devoted to looking at pictures—that the attack came on. She had gone to her room thoroughly worn out to get ready for dinner when she felt tremulous and very nervous, even going so far as to say that she had a feeling that "something dreadful" was going to happen. She sat down to rest a few moments, but had not been on the chair more than two or three minutes when with a shriek she fell on the floor and was seen to be convulsed. When I saw the patient she had had one fit and another was just commencing. The tonic stage was well marked, the back and legs were extremely rigid, and the former was slightly arched. The pupils were dilated and fixed. This lasted for about 25 seconds and then the face began to twitch, the eyelids began to open and shut rapidly, and the to-and-fro movements of the arms and legs quickly followed. Frothy saliva escaped from the mouth, but was unmixed with blood and the face was but slightly livid. For about half a minute these movements were quite epileptic in character, just to-and-fro movements without aim or object, but gradually they began to lose this characteristic, she began to strike her head violently on the pillow as though she wished to injure herself, and she kicked out at us and attempted to bite our hands. She would pause in the midst of all this and remain quite still with her head a little on one side, as though listening (evidently aural hallucinations were present) and then become violent again. The duration of this stage varied from 15 to 25 minutes and then the patient would become quiet and remain in a semi-conscious exhausted condition for a few moments, when the cycle would begin again. All the fits were much alike; the only thing of note was that on one occasion, and one only, was there marked opisthotonos. I administered a hypodermic injection of hyoscine hydrobromate ($\frac{1}{8}$ gr.), which caused the fits to cease and produced five hours' sleep. On awaking the patient was very emotional and far from well, but there was no return of the fits; her tongue had not been bitten and she spoke of having been "choked with something"—evidently "globus."

Hyoscine, we know, is most useful in cases of status epilepticus and in the convulsions associated with general paralysis of the insane; it appears to be of service also in this condition of hystero-epilepsy, and certainly it is much less tedious than the old chloroform method.

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A CASE OF PACHYDERMIA (VIRCHOW).

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THE patient, a man, aged fifty-one years, consulted me in 1895 for a pain on the left side of the throat on swallowing his saliva—nothing else and no pain at any other time. The present symptom had lasted for three months and he gave a history of the same trouble two years previously. He had never noticed the presence of blood in his saliva. He was especially anxious to have the existing condition of his throat cleared up as his father and an uncle had died from cancer. For the last twenty-five years he had suffered from asthma which was worse in autumn, and on inquiry I found that his mother had suffered equally from the same complaint. He weighed 10st. 9lb. and had not lost flesh. On examination with the laryngoscope there was to be seen a distinct ulceration, owing to the break-down of the thickened parts, on the processus vocalis of the left vocal cord, completely corresponding to where he felt the pain and inconvenience. The neighbourhood of the spot was considerably congested. I advised him independently to see Sir Felix Semon, which he did, by whose kindness I received a letter verifying the above condition of the left vocal cord, enclosing a sketch, and stating the case to be one of pachydermia (Virchow). How the patient came by this rather rare affection it was impossible to say, as he lived quietly in the country, was not a great talker, and was moderate in

what he drank as in everything else. No local treatment was advised except applications of cold externally (cold compresses at night) and sucking of ice, in order not to irritate still further the part. The importance of resting the voice and of the avoidance of irritants (dust, stale tobacco smoke, hot and peppered food and drinks, &c.) was impressed upon him. Internally, iodide of potassium in 5-grain doses three times a day was prescribed for some time. In about three weeks he wrote to say that his throat was better and the irritation less, but that the medicine gave headache, so the dose was reduced to twice daily. Three weeks later he again wrote to say that he had no pain in the throat and felt quite well. He was advised to continue the iodide of potassium and after another period of six weeks he was again seen by Sir Felix Semon and myself and was pronounced cured. He is alive and well at the present time and has had no return of the affection.

This case is interesting from many points of view. A certain number of authorities, Schrötter among them, deny that a simple chronic laryngitis is ever capable of causing ulceration of the mucous membrane, its presence denoting the existence of specific lesions, tuberculous or syphilitic, and that when one sees lesions apparently ulcerative it is in reality a desquamated mass of epithelial cells or of mucus, without loss of subjacent substance. On the contrary, Störk, Schnitzler, and Heryng¹ consider the existence of "catarrhal" ulcerations as an absolutely undeniable fact. Virchow has confirmed this opinion, his term "erosive" ulcerations denoting a number of simple erosions, as there is never extensive and deep loss of substance. Again, the clearness of outline of the ulcerations, the intense redness of the limiting mucous membrane, the raised appearance of the surface, the seat of the erosions on the internal surface of the cords, the absence of any previous localised infiltration, with the existence of an interarytenoid desquamation with irregular outlines, lead one to consider that the condition is not of bacillary origin, and the spontaneous cure of the erosions confirms this view.

According to Virchow pachydermia is only a chronic inflammation of the mucous membrane of the larynx, a lesion resulting either from a simple catarrh, tubercle, syphilis, or early cancer. The "diffuse" form of pachydermia is especially associated with abuse of alcohol or tobacco, the excessive use of the voice in the open air, or exposure to the inhalation of various forms of dust, while the nodular form is more closely associated with children, women of middle age employed as teachers, actresses, singers, or girls who have been badly taught to sing, and rarely with men.

The nature of the laryngeal affection indicated by the aspect, disposition, and seat of the lesions; the course of events, age, sex, and mode of life of the patient; and the state of the nasal fossæ and pharynx, &c., help to fix a diagnosis. The affection, though chronic and progressive and often rebellious to treatment, is curable, but often enough when one side gets better the other becomes affected.

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NOTE ON A MODIFICATION OF THE WEIGERT-PAL METHOD FOR PARAFFIN SECTIONS.

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So far as I am aware no mode of procedure has yet been published by which the Weigert staining method for nervous tissues can be applied to paraffin sections. For some time attempts were made to apply the method which is known in Schäfer's Histology as the Weigert-Pal process to paraffin sections by first fixing them on a slide and, after removal of the paraffin in the usual way, treating with Marchi's solution, followed by the acetic acid hæmatoxylin. This method was found to be unsatisfactory, as, although the nerve fibres were marked out in a more or less definite way, it was seen on close examination that they did not really stain in "ring fashion" at all. In sections stained

¹Heryng: *Revue de Laryngologie*, 1er Mai, 1885. Schnitzler: *Congrès International de Laryngologie de Paris*, 1889.