

I left her was 72. Later on I received a message to the effect that she was "going from one fit into another." On my arrival I found her quite unconscious, face flushed, pupils widely dilated, skin harsh and dry, abdomen tympanitic, bladder empty, feet cedematous, pulse 120 and full, and temperature 100°. Her friends informed me that she had had about a dozen exceedingly severe fits, during some of which they thought she was dead. During the "fits" she had passed fæces and urine. As an attack was evidently just commencing, I gave her a hypodermic injection of pilocarpine ($\frac{1}{4}$ grain). The head was then being turned from side to side, the eyelids and eyeballs were moving rapidly, the mouth was drawn up towards the right ear, and the head turned towards the right shoulder, the countenance being of a livid hue. The fingers and thumbs were then flexed on the hands, the latter being strongly flexed on the arms, which were also somewhat flexed, the trunk and legs became rigid. The left leg was raised from the bed, and remained extended for fifteen seconds. There was a peculiar hissing sound on respiration, with convulsive movements of the larynx, the face becoming blue-black in colour, and the patient seemingly on the verge of suffocation. The rigidity, which lasted for fifteen seconds, was followed by clonic convulsions, the face was frightfully distorted, and large quantities of frothy foam slightly tinged with blood came from the mouth. Respiration became restored and the convulsion ceased, with the exception of a little twitching, at the end of three minutes, by which time the patient was in a profuse perspiration. The attendant told me that this attack was barely half the duration of the previous ones. There was no further seizure until shortly before I saw her the next morning, when there was a slight attack. I repeated the pilocarpine then and once subsequently, and no further seizures occurred. She remained unconscious for three days, during which time urine was passed in large quantities. There was an abundant secretion of milk. When I terminated my attendance at the end of a week, her own medical attendant having returned home, she was making most favourable progress. In addition to the pilocarpine, I ordered her a mixture containing chloral hydrate and bromide of potassium, and pessaries of eucalyptus and perchloride of mercury per vaginam.

Sunderland.

REMARKABLE SEQUELA OF MEASLES.

By HARWOOD CASSON, L.R.C.P. LOND.

A BRIEF record of a case personally interesting to myself, as it happened to my own child, may be of sufficient rarity to allow of its insertion in THE LANCET, and prove of interest to others.

L. C—, a tall, well-grown boy of twelve, after a rather severe attack of measles, during which a temperature of from 104° to 105° was maintained for three days, presented symptoms of decided mental aberration, culminating quickly in a condition of dementia. An active, happy, intelligent lad, a companion and comfort to his parents, before this attack, he now wandered about the house in a listless, aimless manner, seizing and consuming anything eatable or drinkable that came within his reach, never speaking unless spoken to, and then in a monosyllabic whisper. His memory was quite gone; and after some absurd reply to a question, when emphatically urged to "think," he would apparently make some weak and transient mental effort, and become exhausted in a moment. His muscular actions were steady and strong, and coördinative power perfect. As a proof of this I may state that he purloined a bicycle (52 in.) which had been left outside, mounted it unaided, and rode it round a stable yard (though in an erratic manner), when a groom ran up and dismounted him. The extraordinary part of this feat is that he had never previously ridden a bicycle of any description (as he now tells us). He slept soundly at night, and had an afternoon *siesta* of two hours daily. On Oct. 5th, twenty-eight days after the appearance of the rash, after remaining in this demented condition for a fortnight, he woke from his afternoon nap, when his voice had become sonorous, his mind clear, and his memory perfect with regard to all the events of the past fortnight, which he imagined himself to have dreamed. At first somewhat frightened to find his late dreams had been actual occurrences, he soon found amusement in recalling all his absurd actions and the

equally absurd motives which guided them. He remains well.

The points of interest here seem to be: the abnormally acquired balancing power which enabled him to steer a bicycle without accident; and the sudden and complete recovery of voice, mind, and memory—not least, the recollection of all that had been said to him during his condition of somnambulism (for I scarcely know what else to call it).

Workshop.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

PUNCTURED WOUND OF BRAIN; REMOVAL OF BONE; HERNIA CEREBRI; DEATH FROM DIPHTHERIA SIX WEEKS LATER; NECROPSY.

(Under the care of Mr. MACKELLAR.)

IN small punctured wounds of the skull in children it is not always easy to say at first sight whether the soft bone beneath has been penetrated or not, and the following case shows the importance of careful examination with the view of determining this point, even though the history of the injury may not point to anything so serious. In cases such as this, where the wound is inflicted by a dirty instrument, it is not always possible to clean the damaged part so thoroughly as to prevent suppuration. In the subjoined case the suppuration of the wound was followed by hernia cerebri, and later for a time by the oozing of a thin watery fluid from it. At the time of death, which unfortunately occurred from diphtheria, the child had apparently recovered from the effect of the injury for which she was admitted. For the following notes we are indebted to Mr. Cameron Kidd, late house-surgeon:—

Emily J—, aged two years, was brought to the hospital at 11.45 on the night of July 6th, 1886. The parents stated that at about half-past eight that evening a wooden pail had fallen down on the child, inflicting a wound on the forehead. They consulted a doctor, who put a simple dressing on the wound and sent the child home. On their return, a neighbour, who had been examining the pail, pointed out to them that on a projecting nail in the fence there was sticking a piece of blood-stained bone; being alarmed at this, they applied at the hospital. The piece of bone produced measured three-quarters of an inch long and nearly half an inch wide, and consisted chiefly of the inner table of the skull, with a much smaller area of the outer table.

On examination, the child, who appeared not to be suffering in any way from the effects of the injury, presented on the left frontal eminence a small wound measuring less than half an inch in its longest diameter; the wound had the appearance of having been caused by a pointed instrument. There was a piece of brain substance presenting, and from its centre a small spicule of bone protruded. This being extracted with forceps was found to be a small plate of bone, apparently the inner table, measuring a quarter of an inch by one-third of an inch. A second fragment, a little smaller than this, was then seen and removed. When this had been done, lacerated brain substance was distinctly seen at the bottom of the wound. Two hours after admission, with a view to removing all fragments, Mr. Mackellar enlarged the wound in two directions under chloroform, and removed several small splinters of bone, at the same time chipping off the roughened edges of the fracture. The wound was well washed with carbolic solution (1 in 40), closed with catgut sutures, and dressed with iodoform gauze and salicylic wool. During the operation the dura mater was seen to be punctured, and brain substance was protruding through it.

July 7th.—Slight sickness after the chloroform. Child quite quiet all day. Passed urine and motions in the bed.