Bridge and to construct in its place a similar but more convenient structure. If this were all, no amenity would be offended and much benefit in every way would be the probable result; but it is not all. There stands on the western side of the bridge a block of buildings which is to be acquired by the North British Railway Company and removed in order to make room for a large hotel to be erected on the site. Unfortunately there can be no doubt that the new building, both from its great height—more than half as great again as that of the surrounding streets as regulated by a municipal statute—and from its florid and commonplace architectural character, will much impair the scenic attractions of some of the finest parts of the city. To those who know the district this act of utilitarian Vandalism will appear the less excusable because it might, without much difficulty, be avoided. The site to be occupied is half an acre in extent, and there is a deep descent on the side next to the railway premises, so that a large amount of space for apartments could be obtained in this direction without increasing the height of the buildings at the street level. As regards style, moreover, it would surely be possible, at little, if any, additional cost or loss of space for accommodation, to substitute such a design, as, for example, the Italian—at once solid, commodious, and graceful—for the grandiose and comparatively vulgar models characteristic of the railway palaces of to-day. We sincerely trust it is not yet too late for an emphatic protest against the contemplated innovation and that the æsthetic aspect of the question, which is in this case by no means disconnected with material considerations, will not be overlooked when the projected alteration is discussed by members of Parliament.

MR. GLADSTONE'S HEALTH.

WE are glad to state that Mr. Gladstone's condition since the operation upon his eye on May 24th has been quite satisfactory. The eye has progressed steadily without unfavourable symptoms, and a brief trial has proved the sight to be as good as is usual at the present stage. Mr. Gladstone sleeps and eats well, sits up in his bedroom or in an adjoining apartment for several hours each day, and is able to receive a few visitors.

By an obvious misprint we announced last week that the Hospital Sunday Conversation at the Mansion House would take place on June 27th; we should have said June 7th.

FURTHER REMARKS ON DR. BROWN-SÉQUARD'S LAST ILLNESS.

BY JOHN W. OGLE, M.D. OXON.

THE obituary notice of Dr. Brown-Séquard which appeared in THE LANCET of April 14th concludes by quoting the remarkable and pathetic letter written by his own hand to Dr. Waterhouse only three days before his death. In this letter he records and analyses with singular clearness, both of thought and expression, the painful cerebral symptoms from which he was suffering. To the graphic description given by the patient I am able, by the kindness and courtesy of Dr. Dupuy of Paris, a former pupil of Dr. Brown-Séquard, who attended him in his last illness, to add further particulars regarding the subsequent part of what proved to be the fatal attack.

It appears that for some years past Dr. Brown-Séquard had not seemed to his friends to be in good general health. He had, in 1889, been the subject of severe muscular rheumatism, and in the autumn of that year he suffered from some prostatic trouble. From these ailments he entirely recovered. During the following winter and spring, when at Nice, he had an attack of whooping-cough, as was mentioned in THE LANCET at the time. He was then regularly using his orchitic fluid injections. During the next two years he remained fairly well, working very hard

and writing much, sometimes answering as many as eighty letters in the day. In the summer of 1893 he suffered great distress of mind owing to the ill-health of his wife, and in December he was residing at Nice and was confined to his bed, suffering from phlebitis, when his wife was dying. The consequent grief perfectly unmanned him, and was quite uncontrollable, and for some time he took but little food and was unable to sleep, refusing to leave the house. He returned to Paris at the beginning of March. Then came the vertigo and affection of sight, followed by the unconsciousness which he himself wrote about to Dr. Waterhouse, and from which he recovered. Dr. Dupuy says that at that period the speech remained "thick" and embarrassed at times, and that Dr. Brown-Séquard remarked: "This is an attack of epilepsy, as you can see." Instead of going to bed as desired, he wrote several letters, and, no doubt, wrote the letter to Dr. Waterhouse above alluded to, relating his symptoms and speculating upon them. During the following day he was in the same condition as regards vertigo, hemiopia, and occasional thickness of speech, but there was no aphasia. He was then visited also by his friends, Dr. Déjévine and Professor Potain, together with Dr. Dupuy, but could not be persuaded to take adequate rest and nourishment. On the next day (Friday) he consented to take meat, milk, and bread in small quantities throughout the day, and was comparatively cheerful. At the close of the day his face became much flushed, and the vertigo and hemiopia very distressing, and in consequence of this he walked from one room to another on "all fours," giving at the time the analysis of his symptoms and the prognosis of his case, as if he was contemplating and discoursing on the illness of another person. During the night of that day he was seized with vomiting, and in the early morning it was found that he was unable to speak and that the left arm was paralysed as to power of movement. Dr. Dupuy found later on that paralysis of the muscles on the right side of the face existed and that the tongue was protruded to the right side. The left leg and the arm and leg on the right side were unaffected. There was no muscular spasm in any part, no interference with sensation, either general or special; but vertigo was much increased, and there was external strabismus of the right eye. The condition of speech was the same, and there was still no aphasia. Towards the evening of the day the face became exceedingly congested on several occasions, and the bloodvessels of the forehead much swollen, and there was drooping of the upper eyelid of the right eye. During the morning of the next day (Saturday) he made Dr. Dupuy understand that he wished to write on a slate, but the result was unintelligible, excepting that the word "hyperæsthesia" was recognised. He then saw some friends with pleasure. At 2 A.M. on Sunday he became entirely unconscious, and coma set in. The axillary temperature rose to 40°C.—i.e., 104°F.—and he died without a struggle near midnight. After the cessation of breathing and of the heart's action all the muscles of the legs and arms were for several minutes in a state of fibrillary contraction, and the axillary temperature at the point of death rose to 41.5°C.—i.e., 105.9°F. No post-mortem examination could be made.

It will be seen, by reference to Dr. Brown-Séquard's letter to Dr. Waterhouse, mentioned before, that the early clinical symptoms (the affection of sight, the hemiopia limited to a small part of the left side of the two retinæ) described by him were considered to have a cerebral origin, and were attributed to inhibition or a vascular spasm in two small parts of the retinæ. The subsequent and graver phenomena which he recorded were attributed to a small focus of softening or hæmorrhage, but "the principal direct cause of the symptoms must have been a vascular trouble or some purely inhibitory effect due to the constant irritation of the brain or to some gastric or bowel trouble." It would appear pretty certain that the diagnosis of softening or hæmorrhage was the correct one. This would seem to have been on the right side of the brain. I will not venture to allocate it more precisely.

Cavendish-square, W.

THE INFLUENCE OF VACCINATION IN LEICESTER.

WE recently drew attention to the influence which the Leicester Fever Hospital apparently exerted on the incidence of small-pox in its neighbourhood, and we propose now to