16. *Hemiplegia in Children*.—Dr. FINLAYSON read a paper on this subject before the Manchester Medical Society, February 2, 1870. The following notes indicate the sequence of the symptoms: CASE I. Girl, aged 2. General convulsions were followed by convulsions of the left side, lasting five hours; very complete paralysis of the left limbs and of the left cheek; speech was a little impaired; aspect pallid; treatment by tonics and Faradisation was followed by almost complete recovery in about three months. CASE II. Boy, aged 8. There were coldness and loss of power in the right limbs, with some rigidity of the flexors of the arm; slight paralysis of the right side of the face; the head was slightly bent to the right; slow pulse, but no other cerebral symptoms. He was subsequently reported to have died suddenly from convulsions. CASE III. Girl, aged 7. There was a droop of the left eyelid, followed by choreic tremors, chiefly of the right limbs, and by considerable loss of power on the right side. She had vomiting, diarrhoea (followed afterwards by constipation), headache, and great fretfulness. Subsequently the tongue became protruded to the right, and still later there were inequality of the pupils and left external strabismus. Death occurred apparently from arrest of the respiration. *Autopsy*. A large tumour was found above, slightly in front of the left half of the pons Varolii, with surrounding softening; no tubercles. CASE IV. A girl, aged $2\frac{1}{2}$, had a sudden fall (apparently from a fright); no loss of consciousness; very complete paralysis of the right limbs and right side of the face; speech was lost; intelligence was apparently fair. Her face was flushed, and there was general fever; the paralyzed limbs were warmer than the others. Pulmonary congestion occurred; death in four weeks. *Autopsy*. There was capillary hemorrhage on the brain (with adjacent softening), above and to the left of the left crus of the cerebrium, and lobular pneumonia. CASE V. A boy, aged 4, had languor and feebleness, with slight febricula, for six weeks, followed by loss of power in the right limbs, varying in intensity from time to time; some paralysis of the right side of the face, and protrusion of the tongue to the right. General tuberculosis set in, and death occurred from tubercular meningitis. *Autopsy*. Numerous tubercular granulations (apparently of some standing) were found matted together in the membranes of the brain, chiefly along the margin of the fissure and dipping down into the sulci, and so impinging on the brain-substance; one or two specks of yellow tubercle, however, were found imbedded in the brain-substance, and quite isolated from the membranes. There was a general deposit of recent tubercular granulations in nearly all the organs. CASE VI. Girl, aged $2\frac{1}{2}$. This case was given for the sake of comparison, although not one of hemiplegia; paralytic symptoms were only noted on the third nerve. The child was first affected with symptoms of atrophy, bronchitis, and diarrhoea, then with discharge of blood and pus from the ear; spots of purpura were next seen, and noma and jaundice appeared before death. Immediately before noma set in (ten days before death), drooping of the left eyelid and dilatation of the left pupil were noted. The pupils became equal, but the droop of the left eyelid, although lessened, persisted till death. *Autopsy*. The left corpus striatum was found much softened; there were tubercular granulations in the lungs; no affection of the petrous bone. Dr. Finlayson remarked on the rarity of true hemiplegia in children, although facial paralysis and common infantile paralysis were, of course, often enough limited to one side. He called attention to a few of the points as worthy of special notice: the choreic symptoms from cerebral tumour; the absence of any loss of consciousness in the case of cerebral softening and capillary hemorrhage; and the protracted course of the case of meningeal tubercle and its giving rise to the unusual symptom of hemiplegia. The softening of the corpus striatum in the last case appeared in the midst of evidences of profound alteration in the nutrition. He regretted that ophthalmoscopic examinations had been neglected.—*Brit. Med. Journ.*, April 30, 1870.

17. *Rupture of the Heart*.—By Dr. J. DE BARY, of Frankfurt. Mrs. J., 72 years old, had been suffering for a year from pain in the region of the liver, of a paroxysmal character, which was judged to be due to the presence of biliary concretions in the gall-bladder; was suddenly attacked on the 28th September,

1869, with a deep-seated pain on the left side, beneath the lower angle of the shoulder blade. The face and extremities of the patient became cold, and her surface covered with cold sweat, and difficult respiration. Dr. de B. saw the patient soon after the attack. He could detect nothing abnormal save an irregularity in the cardiac tones, and a remarkable depression of the pulse at the wrist. On the 29th and 30th of September and 1st of October, each day the attack of pain suddenly recurred, with difficulty of breathing, eructations, and a tendency to vomit. These symptoms varied somewhat on different days, and were mostly of short duration. On the 2d of October the patient felt comparatively well. She complained only of difficulty in swallowing, especially of fluids. The pulse was still somewhat weak. There was no longer any pain. The sounds of the heart were regular. This seemingly improved condition of things continued during the 3d and 4th of October, her swallowing having become improved. On the evening of the 4th the patient, sitting up in bed, in the act of swallowing some water, suddenly fell back dead. In a post-mortem examination the pericardium was found greatly distended, containing about a pint of coagulated blood. Near the centre of the posterior wall of the left ventricle there existed an almost transverse rupture with ragged edges, about a finger's breadth long exteriorly, but somewhat less where it entered the ventricle. Around and about the rupture the muscular walls of the ventricle exhibited complete fatty degeneration. The remaining muscles of the heart were nearly in their normal condition. Within the aorta near its commencement there was a thin layer of atheromatous matter. The valves were altogether normal. In the gall-bladder were two biliary concretions of the size, each, of a walnut, firmly grasped by its greatly hypertrophied walls. At the left edge of the liver were two cysts, each of the size of a nut, and filled with a thin uniform fluid. There is little doubt, the relator remarks, that in the above case the rupture of the heart occurred on the 28th of September, showing, consequently, that the patient survived the accident six days.—*Deutsches Archiv f. Klinische Med.*, February, 1870. D. F. C.

18. *Glycerine-Lymph in Vaccinating*.—Dr. E. Müller, in *V. Horn's Vierteljahrsschrift für Gerichtlich-Medicin*, 1869, after an historical exposition of variolous inoculation, vaccination, and revaccination, endeavours to point out the cause of the great mortality which still occurs from smallpox, by the large number of the community who are unprotected or only partially protected from the variolous contagion. Hence, on every occurrence of a variolous epidemic, to prevent its spread, all unvaccinated children must be immediately vaccinated, and all older persons revaccinated. The chief difficulty in carrying out with sufficient promptitude these sanitary measures is the scarcity of pure, efficient lymph. According to Dr. M. this scarcity may be in some measure obviated by the dilution of the vaccine lymph with glycerine. He recommends that five portions of lymph be intimately mixed by means of a fine camel's-hair brush with the same quantity of glycerine, that has been reduced by the addition of water to one-half its strength. The lymph thus treated (*glycerine-lymph*) is as effective, Dr. M. assures us, as the lymph ordinarily used, perhaps more so; it has also the advantage of a greater tenacity in its active powers, and hence of being kept for use for a longer period without deterioration, so that on the outbreak of an epidemic of variola a sufficient supply of reliable lymph may be on hand for vaccination and revaccination.—*Centralblatt f. d. Med. Wissenschaft.*, March 5, 1870. D. F. C.

19. *Effects of the Secretion of Tears on the Circulation of the Brain*.—Mr. LUND read before the Manchester Medical Society, March 2, 1870, a paper on this subject. He related the case of a lady who, about ten years since, after hearing suddenly of the death of a son, was seized with a violent paroxysm of grief, shed tears profusely, suffered for some days from frontal headache, and great cerebral excitement, and then recovered. Laterly, this same patient received news, by letter, of the supposed death of another son abroad. The circumstances were peculiar, and, when the letter was read, while all the family around were greatly affected, it was noticed that, contrary to her usual habit when much