also dyspnoea and shortness of breath, directing attention to the thorax, which was repeatedly and carefully examined. But although a certain feebleness of respiration and dulness existed at the lower part, it was soon determined that this was not due to pleurisy. The dyspnoea was the result of pain in the hepatic region. The tenderness now extended quite around this side of the chest.

About December 1st there was a little oedema, the skin being now pitted upon pressure over the side and back.

Dr. Bigelow here read a passage from Ziemssen, which had suggested to him at this time what proved to be the correct solution of the various symptoms in this case, namely, an inflammation near the head of the caecum extending through the venous circulation to the liver, spreading and suppurring in that organ. The principal symptoms were now early (in December) those of inflammation of the liver. There was little doubt of suppuration in or about the liver; for though the absence of chills was thought remarkable, and parties agree that chills are not necessarily present in suppuration of the liver. The liver now began to appear in the right hypochondrium; a portion measuring one finger long by two fingers broad protruding below the margin of the ribs. This part alone was accessible to the touch, and to this the patient referred a chief pain and tenderness which continued till the end. Death occurred December 14th, a month after the invasion of active symptoms.

The charts of temperature and pulse in this case are interesting by their negative indications. From November 16th to November 23d the temperature was normal. November 24th and 25th it reached its highest point, being 101.5° F. December 1st, 2d, and 3d it was never higher than 101° F., and in the afternoon sank regularly to about 99° F. From this time the temperature was nearly normal, and during the remainder of the disease was often a degree below that point. The pulse stood at about 70 during the entire illness till three days before the fatal termination, when it gradually rose to 100, its highest rate. The tongue was uniformly covered by a light-colored pasty coat, not dry until a few days before the fatal termination. The bowels were constipated, but the daily employment of opiates to alleviate the pain may have contributed this symptom. During the last week of the disease there were two large evacuations of dark color and pasty consistence, each discharge followed by an alarming exhaustion and collapse. These unfortunately were not analyzed. They possibly contained blood. If so the hemorrhage was not a recent one. The anorexia was complete throughout the disease, food consisting of arrowroot and broth being taken with reluctance. There was never vomiting. During the third week of the disease the oedema of the right side became more marked, and there was anaesara of the right leg and foot. As the oedema of the side increased the patient was examined daily to determine the possibility of aspiration. There was no indication to justify this aspiration. The autopsy showed that any attempt at aspiration would have been fruitless. There was a slight jaundice of the conjunctiva during the last three days. The urine was scanty, but was not examined chemically or microscopically during the disease. Before death the abdomen was tympanitic and tender, as it might be from peritonitis.

In consultation Dr. Wyman saw the patient repeatedly, and at a final consideration of the question of tapping, also Dr. Hodges.

A PARTIAL REVIEW OF EIGHTEEN CASES OF GENERAL PARALYSIS OF THE INSANE.

BY E. S. BOLAND, M. D.

I have to offer to-night only an imperfect review of eighteen cases of general paralysis, which are among those treated at the Boston Lunatic Hospital since April, 1878.

Four of these cases still live, and have to be excluded from some of the figures.

From incomplete records and want of systematic observation some important clinical facts have been overlooked. This paper was first thought of as a consideration of the epileptiform seizures of general paralysis, but my facts were found to be too scanty to be of value. The same is true of the cutaneous and papular reflexes and ophtalmoscopic examinations to some extent, these latter having been noted only in the last half of the cases. I have no new facts nor theories to advance as to cause, pathology, or treatment, but trust that the interchange of opinion which this reading may occasion shall be of mutual benefit.

This investigation has shown me the necessity for a systematic form for case taking and recording, so as to be of value for study and comparison. The following facts in regard to these eighteen cases are arranged according to such a form.

For the time covered by this paper the general paralytics were ten per cent. of all admissions.

Sex. — One female, seventeen males.

Age. — The ages on commitment varied from thirty to sixty-eight years, average forty-five and one third years.

Nativity. — Twelve American; three Scotch; one English; one Holland; one New Brunswick.

It is seen there are no Irish in this list, though the actual number of Irish is over twenty-seven per cent. of all admissions. The exemption of the Irish has been discussed by English observers, but | I do not remember to have seen a satisfactory explanation.

Occupation. — Five worked at trades; four merchants; four clerks; three worked at mechanic arts; two followed professions.

The number following laborious occupations is seen to be small.

Social condition. — One widow; three single; fourteen married.

Hereditary predisposition. — Two known to have had insane relatives; sixteen either no hereditary influences or antecedents unknown.

Habits as to the use of alcohols. — Three were known to have been intemperate; three were known to have been moderate drinkers; twelve were known to have been temperate.

Sexual habits. — Three were known to be addicted to excesses. One showed increased sexual desire after the inception of the disease. Three had other venereal troubles, as stricture, gleet, suppuring bubo or sears. Three only were believed to have had syphilis.

1 Vol. xix., pages 509-517.

2 Read before the Boston Medico-Psychological Society.
Epileptiform seizures. — Ten had the seizures from three months to as many years before death. Six had the attacks from two to twenty days before death. Two have not yet had the seizures.

Many of the attacks could not be distinguished from the grande mal, except that the spinieters were more involved, and the temperature was almost always found increased during and after the attack, and ranged from 99° to 105° F, the latter with a fatal termination.

Gait. — Ten showed ataxic gait on admission. In the other cases ataxia did not occur until months later, and in one case the patient could run as late as two days before he died.

Appearance. — In three depres-ion was observed. The others were either maniacal, exhilarated, or vacantly contented.

Speech. — Ten, speech much affected on admission. Four showed but little impairment until the onset of the fatal convulsions. Four seemed to be cases of ataxic aphasia, for there was no lack of ideas or of will to express them.

Nature of the ideas or delusions. — Twelve had the expansive delirium in regard to their abilities, prospects, or possessions. Six showed no such extravagant ideas.

State of the eyes. — Dilatation of pupils not noted. Contraction of pupils seen occasionally. Inequality of pupils noted often after the epileptiform seizures. In two the mobility of the eyes (ocular muscles) was so great as to interfere with the examination. Nine cases examined with the ophthalmoscope gave negative results.

State of patellar reflex. — Thirteen were tested as to the knee phenomenon. Eleven gave the normal reaction; one gave no reaction; one gave the rebound on the right side, but not on the left.

Length of Disease. — Average time in hospital, twenty-two months. Average time of disease thirty-seven months.

Mode of death. — Gradual exhaustion associated with hypostatic pneumonia, edema of the lungs, inhalation pneumonia, and bed-sores. After the epileptiform seizures bed-sores would often form, to heal again after the effects of the seizure had passed off.

Pathology. — Of fourteen dying in the hospital twelve were examined, seven by the staff and five by Dr. W. W. Gannett and the staff.

The subjoined list shows the principal lesions noted, whether the connection or dependence of the clinical observations could not always be demonstrated:

- Increased thickness of skull
- Abnormally adherent dura
- Pachymeningitis
- Meningeal hemorrhage
- Bone plates in dura
- Thickenings and opacity of the pia
- Degenerative changes in the arteries of the base
- Occlusion of one vertebral artery
- Deformation of the sumits of some of the convolutions
- Atrophy of the brain
- Edema of the pia
- Gross atrophy of gray matter
- Increase of fluid in ventricles
- Cysts of the choroid plexus
- Granular pneumonia
- Atrophy of the olfactory bulbs
- Round-celled infiltration of the perivascular lymph spaces
- Pigmentation of the ganglion cells of the gray matter, and basal ganglia
- Miliary neuritis

These five were all that were examined microscopically.

REPORT ON PROGRESS IN THE TREATMENT OF THORACIC DISEASES.

BY F. I. KNIGHT, M. D.

TREATMENT OF INTRA-THORACIC SUPPURATING HYDATID BY INCISION AND EXTRACTION OF THE CYST. (Continued.)

Dr. Fenger and Hollister have a very interesting and exhaustive paper 2 on opening and draining cavities in the lungs, in which they give a case of their own which has also been published in the Chicago Medical Review, vol. iii., No. 3. In this case there was, in a man thirty-four years old, a large fistel abscess-cavity in the middle lobe of the right lung caused by suppuration around a large echninococcus cyst of twelve years' standing. There was diffuse purulent bronchitis in the rest of the right lung, with fever, emaciation, and collapse. After exploratory aspiration an incision was made in the third intercostal space on the anterior surface, two inches to the right of sternum. Digital exploration of the cavity was made. A counter-opening also was made in the fifth intercostal space, anterior axillary line. The sac of the echninococcus cyst was removed through the anterior opening. Drainage was established by means of a large rubber tube, the cavity was washed out with carbolic acid solution, and antiseptic dressings applied. The fetor of breath and expectoration ceased, and the wound closed in six weeks.

In the seventh week there was broncho-pneumonia of the right lung, with diffuse purulent bronchitis of this and of the lower lobe of the left lung, lasting four weeks. There was, however, perfect recovery.

ETIOLOGY OF MILIAR TUBERCULOSIS.

Klein contributes an interesting article on this subject.3 He says that the evidence afforded by modern pathology favors the assumption that miliary tuberculosis is a specific infectious disease. (Miliary tuberculosis is considered here as defined by Virchow, and altogether distinct from cases of inflammation and scrofula.) This evidence is, however, not yet so complete as we could wish, nor such as to place it on a level with that by which the nature of other specific diseases is already ascertained. The evidence which has yet been obtained may be conveniently stated under the following heads:—

1. Evidence to show that miliary tuberculosis is communicable from one human being to another.
2. That it is communicable from a human being to an animal, and from animal to animal.
3. Evidence regarding the nature of the materies morbi.

He now takes up these heads and considers them in detail:—

1. Evidence that tuberculosis is communicable from one human being to another.

(a.) Tuberculosis may be inherited. Although inheritance is not a distinguishing character of infectious diseases, — being an endowment common to all living matter, and being specially noticeable in certain morbid states altogether distinct from infectious diseases, for example, cerebral abnormalities, cancer, gout, etc., are notoriously capable of being inherited — yet associated with other characters distinguishing a specific
dis-

1 Concluded from pages 120.
2 American Journal of the Medical Sciences, October, 1881.
3 Practitioner, vol. xxvii., No. II.