CEREBRAL HÆMORRHAGE.

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ABOUT three weeks ago, a man, forty-five years of age, was admitted into the Adelaide Hospital in an apparently unconscious state. The story told of him was that, about a week before, he had a violent fit of convulsions, after which he remained in a more or less stupid and confused state in bed. Two days before his admission he had another fit, and then he was brought to the hospital. When we first saw him he was lying in bed with his eyes open, the pupils being equal in size, but moderately dilated. If spoken to, he made some attempt to answer, but could not speak; but when a little drink was offered to him he swallowed it. He could move both arms and legs perfectly, and there was no sign of paralysis of any of the cranial nerves. The only thing of that kind occasionally observable was a very slight twitching of the left angle of the mouth, and of the left occipito-frontalis muscle. On examining his reflexes we found the knee-jerk extremely well marked in both lower extremities, and the phenomenon known as ankle clonus developed in a high degree. On listening over the heart, we perceived a deficiency in the first sound, and also a well-marked systolic mitral murmur. I concluded that we had to deal with a case of uræmic convulsions, judging by the incompressible pulse and the cardiac signs. His urine had been passed involuntarily in bed; but a few ounces which were drawn off, were found to be highly coloured and densely albuminous. He was carefully observed from that time until his death, and it was noticed that he had no hemiplegia, but moved his arms and legs on both sides;

and, beyond the twitchings of the corner of the mouth and of the occipito-frontalis muscle, there were no indications of paralysis. Early the following morning the man jumped out of bed, put his hand to his head, and went into a violent fit of convulsions, in which he died. On a *post mortem* the diagnosis made was verified so far as the kidneys were concerned. His kidneys contrasted with those in the last case, being in a shrivelled condition, one a little less and the other a little more than three ounces in weight. The capsules were thickened, and when peeled off left a rough granular surface, the organs being good specimens of the small red kidney. The heart shows very distinctly hypertrophy of the left ventricle; and if there is such an affection as concentric hypertrophy, it exists here. The walls are very much thickened. We looked out for the cause of the mitral murmur, but found nothing to account for it. In most of the cases I have examined, in which such a murmur existed during life, some very distinct cause was found for it. The whole arterial system was very much diseased. A portion of the aorta showed in a highly-marked form the changes produced by endarteritis deformans. The circle of Willis at the base of the brain was the seat of patches of similar change. On the right side of the brain was an enormous hæmorrhage, the right lateral ventricle being full of blood, and the hæmorrhage appeared to have taken place in the frontal lobe just outside the right lateral ventricle. There had evidently been two hæmorrhages—viz., one that must have occurred at the time of the seizure a week previously to his admission, and a second one which, I presume, occurred at the moment of his death. There is a clot, which has the appearance of being a week or ten days old, and there is also a large quantity of what appears to be recently poured-out blood. Another proof—which was most distinct when the specimen was recent—that there had been hæmorrhage eight or ten days previously to his death, is, that the brain tissue all round where the clot is had the peculiar softened amber hue that is seen in brain that has been stained by inflammatory changes following hæmorrhage. The case is of great interest in two or three ways. The man had been a soldier, and a very hard drinker at one time of his life. The case affords

an illustration of the chronic form of Bright's disease which occurs in persons of intemperate habits, and of the cardio-vascular changes that were conspicuously absent in the preceding case. It is also an admirable example of atheromatous changes in both the larger and smaller vessels, and a point of great interest is the large cerebral hæmorrhage unaccompanied by paralysis.