taining potassium acetate, squills, spirit of nitrous ether, and decoction of scopolarium.

For the first time since the admission of the patient, he had no fits for three days and three nights; the fourth night he had one minor seizure, and then the fits gradually but steadily increased. Digitalis, potassium bromide, and nitro-glycerine were added successively to the diuretic mixture, the fits, however, steadily increasing. Under potassium nitrate, with spirit of nitrous ether and scopolarium, and also with potassium acetate, combined with potassium bromide, there was a sudden and alarming increase in the seizures. The patient was then put on salicin (gr. v thrice daily), with spirit of nitrous ether and solution of ammonium acetate. The seizures began to decrease, and on pressing the drugs (salicin gr. v thrice daily and twice during the night) they ceased somewhat suddenly. Mental improvement soon followed, and steady progress made.

The patient having had no fits for six weeks or so, the spirit of nitrous ether and solution of ammonium acetate were discontinued, salicin alone being given, and the amount gradually reduced until a single dose of five grains was given at bedtime.

The patient, having been free from fits for nearly two months, was discharged, but is still under treatment, and is now taking five grains of salicin with ten grains of sodium bromide at bedtime.

Up to the present time, nine months after the fits ceased, there has been no return of the seizures, and the patient is keeping well, and in good health and condition.

More recently a number of epileptic patients have been tried with salicin (alone and in combination with bromides), in none of which, however, has there been a cessation of the fits; but the general result justifies a more extended trial in those cases in which the bromides have proved ineffectual.

(¹) Gowers, in Clifford Allbutt's *System of Medicine*, says, under "Toxæmic Epilepsy," "It is possible that some chronic blood states, however, give rise to fits quite similar in character and course to those of idiopathic epilepsy."—(²) Haig's opinion, expressed in his book (*Uric Acid in Causation of Disease*), that epilepsy may be associated with uric acid, is of interest in relation with this case.

Cerebral Aneurysm of remarkable size, exhibited at the April (1903) Meeting of the Northern and Midland Division; with notes on the case. By D. RICE, M.R.C.S., L.R.C.P., Senior Assistant Medical Officer, Cheddleton Asylum, Leek, Staffs.

E. P.—, female, æt. 65, admitted October 8th, 1902.

Family history.—No history of insanity, epilepsy, alcoholism, or neurosis.

Personal history.—Patient has only been employed in domestic work, having been in service until she married. Menses commenced at the

age of fifteen, and were always profuse, frequent, and painful. She was married at twenty-one, and never became pregnant. Fits commenced rather less than a year after marriage, were nocturnal rather than diurnal, often occurred in twos and threes, and at intervals of never many days. Menstruation ceased at forty-five, and she was then entirely free from fits for twelve years. During the last ten years she has had an occasional fit, but only very infrequently; during the same period, roughly, she has been gradually losing her sight.

Mental symptoms.—She has been “going funny in her head” for about eight years, becoming full of whims, short-tempered, restless at night, and latterly violent in conduct; has become gradually worse, more markedly so during the past week.

Condition on admission.—She was feeble and shaky, restless, unconscious of her surroundings, constantly calling for “Ann,” entirely devoid of attentive power; pupils circular, with faint reflex to light, none to accommodation; knee-jerks moderately brisk; had double mitral disease and a much dilated heart.

She continued in a very restless state, requiring ceaseless attention to prevent accident, until about twenty-four hours before death, which occurred in the early hours of October 17th.

Post-mortem.—The skull-cap is much thickened, measuring 8 mm. in frontal, 6 mm. in temporal, and 7 mm. in occipital region, and extremely dense. Dura mater much thickened, and adherent to the frontal bone over a large area; in the dura mater, under the right side of the frontal bone, and taking an oblique direction forwards and inwards, its centre about 2.5 cm. in front of the coronal suture and 4.5 cm. from the middle line, is a plaque of bone 1.4 cm. long by 0.5 cm. broad; no subdural membrane; vessels markedly atheromatous. Brain heavy, rounded, and compact, showing some atrophy in both parietal regions. An aneurysm of the right anterior cerebral artery presses forwards into the right orbital convolution, which is flattened out over its lower aspect; posteriorly it presses upon and flattens out the optic chiasma and right optic nerve, which have the appearance of a dirty, greenish-yellow jelly; the left nerve escapes pressure and is of normal appearance. The aneurysm is filled, except at its uppermost part, through which a probe passes from the internal carotid into the anterior cerebral artery, with well-laminated brown clot, streaked here and there with white layers. The clot, when shelled out, measures 3.4 cm. antero-posteriorly, 3.2 cm. vertically, and 2.9 cm. transversely, and weighs 20.3 grms. The heart is much hypertrophied and dilated, weighing 425 grms.; the mitral valve shows advanced double disease, and the aortic valves and base of the aorta are markedly atheromatous. Kidneys cirrhotic. Five small subperitoneal fibroids of the uterus, none more than 1.5 cm. in diameter. Large scar on the inner aspect of the left nympha.

Notes.—Mott (1) speaks of cerebral aneurysms “varying in size from a pea to a walnut,” and records one “the size of a large filbert;” Tooth (2) says they “vary in size from a pin’s head to a pea, and sometimes much larger—as large as a small

DESCRIPTION OF PLATE

Illustrating Mr. RICE's Case on Cerebral Aneurysm of Remarkable Size.

A, Probe. B, Right anterior cerebral. C, Left anterior cerebral. D, Left middle cerebral. E, Left internal carotid. F, Left posterior communicating. G, Left posterior cerebral. H, Basilar. I, Half the clot. K, Right middle cerebral; L, Right internal carotid. M, Right posterior communicating. N, Right posterior cerebral. O, Half the clot.

NOTE.—The arteries corresponding to one another on the two sides, with the exception of the posterior communicating (which on the right side has been torn in mounting), are of practically the same size, so that there cannot have been any considerable degree of pressure by the aneurysm itself to have caused the spontaneous cure.

To illustrate Mr. RICE's case.

chestnut in one case (Bastian);" Shaw (3) records an aneurysm of the internal carotid artery "the size of a walnut;" but I am unable to find, in the books to which I have access, any record of so large an aneurysm of the anterior cerebral artery as this specimen, although according to Gowers (4) that artery ranks third to the middle cerebral and internal carotid in frequency of the affection among intra-cranial arteries.

The fits appear to have been evidence of protest on the part of the unsatisfied sexual organs, as is borne out by the date of their onset and their cessation for some years after the menopause, to recommence later on when the cerebral arteries degenerated.

REFERENCES.

1. Mott, F. W.: Clifford Allbutt's *System of Medicine*, article "Arterial Degenerations and Diseases."
2. Tooth, H. H.: *Ibid.*, article "Cerebral Hæmorrhage."
3. Shaw, B. H.: *Journal of Mental Science*, July, 1901.
4. Gowers, Sir W. R.: *Diseases of the Nervous System*, section "Intra-cranial Aneurysm."

Clinical Note on a Case of Obstinate Constipation due to Collection of Plum-stones in the Rectum. By J. OGILVIE VEITCH, M.B., C.M.Edin., Second Assistant Medical Officer, the Asylum, Worcester.

A FEMALE patient, M. W—, in this asylum, suffering from dementia, and who had previously been cleanly in her habits, was noticed by the nurse to soil her clothes daily, and that, although this occurred, she never had a proper movement of the bowels. She was sleepless and restless at night, but complained of no pain, and took her food in a satisfactory manner. This state of affairs had been progressing for about ten days, when it was brought under the notice of her medical attendant. Various purgatives were administered by the mouth, and these proving ineffectual, and on purgative enemata being tried and also proving abortive, a rectal examination was made, when it was discovered that the lower bowel was filled with plum-stones, which were caked with the fæces into a hard mass. These were digitally removed, and numbered about fifty. After this treatment the patient's bowels acted normally. The special feature of this case seems to be the facility with which these stones, considering their size and sharp edges, passed through the whole length of the intestine without giving rise to any serious symptoms.