

situated further to the right than usual, and the ascending portion was of large size. The pulmonary artery, on the contrary, was very small, and its coats thin, like those of a vein. The orifice was very small, admitting only of the passage of a cylinder measuring seven Paris lines (15·75 mm.) in circumference. There was only one valve at the orifice, and that was much thickened. The ventricles, but especially the right, were large, and their walls thick. The septum of the ventricles was deficient at the upper part, so that the aorta communicated with both cavities. The right auricle was very much dilated. The foramen ovale was closed, but there were several large openings in the fold. The ductus arteriosus was impervious.

The malformation of the heart in which the pulmonary artery is constricted and the septum of the ventricles defective, so that the aorta communicates with both ventricles, of which this case affords an instance, was first described by Sandifoot in 1777, and a considerable number of cases of the kind have since been placed on record in this country, France, Germany, and the United States. Indeed, as stated by Dr. Farre in 1814, it is the most common kind of deviation from the natural conformation of the heart. I have myself described four cases, and in 1866 I had no difficulty in collecting references to upwards of sixty published cases. When the child was first seen at St. Thomas's Hospital, from there being a loud murmur in the course of the pulmonary artery, it was thought most probable that it was a case of pulmonary stenosis, and as in cases where the pulmonary artery or its orifice is much constricted there is generally imperfection in the septum of the ventricles, it was supposed that the case was one of the combined form of defect. During the last illness, however, the murmur at the heart did not exist, and no precise diagnosis could therefore be formed, though it was thought most probable that it would prove to be a case of pulmonary stenosis with an aperture in the intraventricular septum.

The duration of life in cases of this description varies considerably, being mainly influenced by the degree of impediment to the circulation resulting from the cardiac defect.

In my own cases the patients survived to the ages of two years and five months, six years and a half, nine years, and nineteen years, death being in the last instance due to choleraic diarrhoea during the cholera epidemic in 1854. Of 45 published cases, 5 proved fatal under three years of age, 13 between three and seven, 12 between seven and twelve, 7 between twelve and eighteen; 2 lived to the age of twenty-one, 1 to twenty-two, 1 to twenty-three, 3 to twenty-five, and 1 to thirty-nine.

The death of the patients is, in the largest proportion of these cases, as in the present instance, caused by cerebral disease. Two of my previously published cases died in attacks of convulsions. It would have been interesting to have ascertained the precise seat and nature of the brain disease in the case, but permission was with difficulty obtained for the examination of the body, and examination of the heart only was allowed.

Though during life the temperature, as in such cases generally, was below the average, it will be seen that it rose during the child's last illness to 101°. In a cyanotic child, whose case is reported in the Pathological Transactions, the temperature rose during a fatal attack of measles to 104°.

Finsbury-circus, E.C.

HEMIANÆSTHESIA REMOVED BY STATIC ELECTRICITY.

By PROFESSOR B. BALL.

M—, aged nineteen, entered the Laennec Hospital, Paris, on January 25th, 1880. Family history: father died from the effects of an accident; mother living, nervous, and of strange and fanciful character. One brother died, in infancy, of convulsions, and another of a complaint unknown.

The patient herself has lived in Paris for the last five years. She has menstruated since the age of sixteen, but irregularly. Ten months since the catamenia disappeared after a prolonged exposure of the feet in cold water. A hoarse, barking cough supervened and has not yet ceased.

In March, 1879, her mistress amused herself by "magnetising" her, and this practice has been continued daily. Som-

nambule sleep was easily induced. The patient says that she could put herself to sleep by joining her hands and exerting her will. The first hysterical attack took place on Jan. 10th, 1880, when she had two fits. On the 23rd, two more, which were violent and prolonged. The 24th, a slight attack. The menses had appeared on the 22nd.

Jan. 25th.—On admission the patient presents every appearance of health. She is well developed, strong and fresh-coloured. Her general condition is excellent. She was found to be completely anæsthetic on the right side, but of this she had previously been ignorant. Hearing, smelling, and taste are manifestly weakened on this side. Vision appears to be equally good on both sides, but no tests were applied as regards achromatopsia. There is slight ovarian hyperæsthesia on the right side.

28th.—Some choreic movements occurred on the right side.

29th.—Patient had an attack which lasted a quarter of an hour.

30th.—Patient nervous and excitable. Under the influence of slight pressure on the right ovarian region a violent attack took place, which lasted for ten minutes. She had no recollection of it afterwards. A mixture was ordered containing bromides of ammonium and sodium, three grammes of each daily.

From this date attacks occurred frequently; sometimes at a few days' interval, and there were occasionally several on the same day. During the attacks there is always laryngeal spasm, with hissing inspiration, and there is always headache afterwards, which sometimes persists until the next attack. At first the hysterical fit could be arrested by pressure on the right ovary, but after a time this became ineffective, and the inhalation of chloroform was substituted. This soon lost its action, and only suspended the attack, which would take place as soon as the inhalation was over.

From March 8th various modes of treatment were adopted, including "hydropathy," chloral, tartar emetic and morphia, and also continuous and faradaic currents. No improvement was observed in the patient's state with the exception of a few hours sleep at night. The hemianæsthesia and choreic movements still persisted, and as a natural consequence the limbs exhibited numerous bruises. It was then proposed to adopt static electricity as a method of treatment, the other modes of applying that agent having entirely failed. On July 30th the patient was placed upon an insulating stool with glass legs, and submitted for twenty minutes to the influence of the negative fluid of Nairn's static electrical machine. The experiment was abruptly brought to a close by the patient falling to the ground. When she rose the anæsthesia had completely disappeared. Sensibility was tested by the æsthesiometer and a variety of other means, and found to be perfect. There was no *transfert* in this case, the left side retaining its previous degree of sensibility. The sense of touch, however, was slightly more acute on the right (previously anæsthetic) side than on the left. Before the experiment the prick of a pin did not draw blood from the right arm; immediately after the prick of a pin drew blood. The plantar-reflex was the same on both sides, the choreic movements were lessened, and locomotion had become much easier.

The improvement thus acquired continued for a whole month, and on August 6th the catamenia reappeared. Up to the beginning of the present month (September) the girl remained in a satisfactory condition, but after that period she gradually began to lose ground, and has now relapsed into her former condition. It is proposed to commence the treatment by static electricity within a few days.

The noteworthy features of this case are: 1st, the sudden recovery of sensibility in consequence of a single application of static electricity, when everything else had failed; 2nd, the absence of *transfert*, both sides remaining in the normal condition; 3rd, the recurrence of the former symptoms after an interval of a whole month, during which the patient enjoyed perfect health.

It will be interesting to watch the further progress of the case, but as the facts now stand, they seem fully to justify the employment of static electricity in cases of hysteria, with or without hemianæsthesia.

Paris.

THE foundation-stone of a new chapel for the Bristol Borough Lunatic Asylum was laid on the 24th ult., in the presence of the Mayor and Mayoress and the visitors of the asylum.