

There was no valvular disease in the heart, but I found on opening the right ventricle two growths, the one about three-quarters of an inch across, embedded amongst the columnæ carneæ, and another about an inch in length and half an inch in diameter, attached by a pedicle, and hanging from the wall into the cavity of the ventricle. I also found a smaller growth in the left ventricle, attached to the columnæ. The other viscera were healthy, with the exception of the kidneys, which were both diseased, the right especially so. The granular condition was shown to a slight extent; but the principal point for notice was the presence of a number of cysts varying in size from a hemp-seed to a small marble, and containing a yellow transparent fluid. These were principally found in the cortical portion. The capsules were easily removed, but the kidney was torn at one or two points.

The above is only a poor description of the case; but I hope it may have presented some points worthy of notice, and which may be acceptable to those taking an interest in the subject.

Teignmouth.

FRACTURE OF THE PARIETAL BONE; ATAXIA; RECOVERY.

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THE following is the history of a most interesting case, which has recently come under my care, and which appears to me to be worthy of publication.

About two years ago M. W.—, aged forty-five, was engaged at work when a brick fell on his head, from a height of twelve feet, inflicting a fracture of the posterior superior portion of the right parietal bone. In the course of three weeks he had so far recovered from the effects of that accident as to be able to resume work. For the next fifteen months the only symptom from which he suffered to indicate disease of the brain was occipital headache. About seven months ago he became depressed, taciturn, and apathetic, and complained of giddiness, amblyopia, diplopia, deafness, and loss of memory, from which it was manifest that he was the subject of a grave form of brain disease. A few months later his gait became unsteady and tottering, and his hair was becoming rapidly grey. When he walked he had an inclination to fall forwards or backwards; at other times he moved in a peculiar spiral manner, describing the so-called "circus" movements. About the end of March this ataxia became so much worse that he was unable to sit or stand. Urgent vomiting, a slow and irregular pulse, and drowsiness, accompanied with sleeplessness and delirium, set in. This was his condition when I saw him on March 29th, 1883, and, after making a careful examination on that occasion, I pronounced him to be suffering from a tumour of the cerebellum. Ophthalmoscopic examination revealed double optic neuro-retinitis. The right pupil was dilated and semilunar in shape; the left was normal both in size and form. His sensations, sensibility, and reflexes were perfectly normal, and there was an entire absence of motor paralysis.

My reasons for localising the disease to the cerebellum were as follows:—(1) The persistent occipital headache. This probably pointed to a stretching of the tentorium. (2) Vertigo. (3) Loss of coördination. (4) Amblyopia and diplopia. (5) Deafness. (6) Vomiting, and slowness and irregularity of the pulse. These two last-named symptoms probably pointed to an irritation of the pneumogastric nerve. The slowness and irregularity of the pulse varied distinctly with the headache, being most marked when the headache was most intense, and *vice versa*.

As to treatment, before adopting any remedial measures, it was most important to decide the question of syphilis. He denied having had that disease, but, on making an examination, I found a cicatrix on the glans penis and enlargement of the glands in both groins. I ordered him one-sixteenth of a grain of the perchloride of mercury and ten grains of the iodide of potassium three times a day, and at the end of a week I was surprised to find the great improvement that was apparent in his condition. The vomiting, drowsiness, headache, and delirium had left him; his memory was decidedly improved; and his hair, which was previously grey, was fast returning to its natural brown colour. There was, however, no improvement in his coördination. Four days later I found him

comfortably seated in his chair, and he could stand with his feet widely apart, but could not walk without tottering and falling. A week later I was much pleased to find that he could stand steadily with closed eyes when both feet were brought closely together, and walk remarkably well.

Birmingham.

THE TREATMENT OF DIABETES INSIPIDUS BY ERGOT.

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THE following notes may be interesting as corroborating recent research in the treatment of this previously intractable disease.

During a short period as resident assistant in the Glasgow Royal Infirmary, I had the opportunity of seeing several cases treated with valerian, and with very discouraging results (Trousseau). Galvanism was equally ineffective. Keeping in mind that there must be increased blood-supply to the kidney, and as this is controlled by the inhibitory branches of the sympathetic, the treatment is obviously one of decreasing the blood-supply through that channel. Of the many agents which act thus, ergot in its various forms seems the most potent. Two cases having come under my observation, the feasibility of the above treatment was suggested.

Margaret Mc—, aged fifty-one, widow, washerwoman, was admitted Oct. 21st. 1881. Her trouble commenced about four years ago. She had enjoyed fair health previously, except an attack of small-pox in her youth. Has had seven children. Was rather intemperate in her habits. The first symptom was thirst, of which she took little notice, until the frequent calls to pass urine compelled her to seek advice. When admitted her urine amounted to 280 ounces daily; sp. gr. 1002, clear, limpid; deposit of phosphates; no albumen; no sugar. Her appearance was pale and emaciated. Heart's action weak and fluttering. Complained of shifting pains, which gave her great annoyance. Skin was extremely parched, and spirits much depressed. Appetite voracious. Bowels regular. Two drachms of the fluid extract of ergot were administered thrice daily, combined with digitalis to steady the heart's action. Under this treatment the improvement was marked and striking, the quantity of urine excreted diminishing in three weeks to 140 ounces. This treatment was continued for another month, with the result of further reducing the quantity to eighty ounces; sp. gr. 1015. The pains disappeared after being only a fortnight under treatment. When the patient felt herself so much improved she left the hospital, notwithstanding my efforts to induce her to remain, promising to return if the symptoms were renewed. I have not since seen her.

Mary—, aged forty-nine, widow, hawker. As in the above case, the first symptom which attracted attention was increasing thirst, afterwards frequent nightly calls to pass urine, of about four months' duration. When seen her bodily condition was good, appetite fair. Had history of "weak turns" of long standing, and repeated attacks of bronchitis. Heart sounds weak and distant, pulse soft and compressible. Shifting neuralgic pains, with vertigo, were much complained of, which no treatment seemed to benefit. Temperature normal; family history good. Urine: sp. gr. 1005; acid reaction, no albumen, no sugar, a trace of phosphates. Daily quantity of urine passed was 300 ounces. After failures with tannic, benzoic, and phosphoric acids, I again prescribed ergot, also in combination with digitalis, reducing the quantity of urine in twelve weeks to seventy ounces; sp. gr. 1018.

Although the dose of ergot prescribed was large, no ill effects were produced, except constipation, to counteract which an occasional purgative was given. The disappearance of the neuralgic pains during the progress of treatment seems to confirm the general idea of the nervous origin of the malady. The disease in the above cases was not traceable to any assignable cause or hereditary taint.

Glasgow.

VACCINATION GRANT.—Dr. Hartley, the union medical officer for Pemberton, has received the Government grant for efficient vaccination.