

been imitated and improved since. Breschet mentions, in the *Dictionnaire des Sciences Médicales* (1815), that a celebrated French surgeon of Paris had proposed to a boy of fourteen years, affected with extroversion, to place silver or gum elastic catheters into the orifices of the ureters, and when these canals had been accustomed to the presence of the foreign bodies, he would have given them a wide and expanded mouth, and made them communicate with a bladder or urinal to be worn by the patient; but the boy refused the operation.

Mr. McWhinnie states, in the paper above alluded to, that Mr. Earle "endeavoured in a similar case (a female), by the repeated application of escharotics, to destroy some of the exposed mucous surface, with the view of obtaining cicatrization, and thus diminishing its sensibility; but in this he was unsuccessful." It has also been proposed by some surgeons to bring together the integuments from either side of the fissure, and change the grooved urethra into a canal by autoplasty; but this operation has not yet, to our knowledge, been carried into effect. Of Mr. Simon's operation we shall soon have an opportunity of speaking at full length.

As to Mr. Lloyd's case, it is unfortunate that the first step in the series of operations which were projected should have had a fatal issue, owing to the abnormal situation of the parts. It is evident that in cases of malformation no reliance can be put on the normal anatomical relations, for it has been observed that such arrests of development often involve more than one set of organs. St. Hilaire, a great authority on the subject, enumerates the following complications of extroversion of the bladder:—"1. More or less complete absence of the genital organs; 2. Acephalia; 3. Exomphalos; 4. Imperforate anus, with incomplete development of the rectum; 5, and last. Median fissure, either of the sacrum or of the spinous processes of some vertebræ of the lumbar, and more rarely of the dorsal and coccygeal regions; these anomalies all resulting from an arrest of development."

The latter phenomenon is now looked upon as being chiefly concerned in the occurrence of malformation of the bladder; the theory of Chaussier, that it arose from a tearing of parts, being quite exploded. As to the probable cause of the imperfect development, we shall conclude by quoting an author who has very recently written on the subject—viz., Professor Vrolik. In the *Cyclopædia of Anatomy and Physiology*, article "Teratology," the Professor says:—"It (the malformation) can only be explained by an imperfect development of the urinary bladder from the allantois. It is not improbable that the urinary bladder is formed by two half parts, which approach each other anteriorly and posteriorly on the mesial line. If this junction does not occur, the different forms of vesica inversa will occur."

KING'S COLLEGE HOSPITAL.

Epileptic Mania.

(Under the care of Dr. TODD.)

A PATIENT affected with epileptic mania was lately admitted into this hospital, whose violence reminded us very strongly of the following passage in Esquirol's excellent work, "*Des Maladies Mentales*:"—"The fury of epileptic patients breaks out after the fit, rarely before; it is of a very dangerous kind, blind, and in some degree automatic. Nothing can tame it; neither the sight of powerful instruments of restraint, nor moral influence, which means generally succeed with ordinary maniacs. Their violence is so terrific, and so much dreaded, that I saw, in an asylum of the South of France, all the epileptic patients tied down to their bed every evening, so great was the apprehension they created."

It is unfortunately but too well ascertained that epilepsy, by the violent shocks which its attacks convey to the brain, is very frequently followed by a derangement of the intellectual faculties. Aretæus has mentioned the fact, and Van Swieten says, in his commentaries on Boerhaave, that he had seen many patients who had been deranged from their childhood, after frequent epileptic fits. But there is a variety, to which Dr. Todd's patient belongs, marked by no aberration of mind, and which is distinguished by an attack of furious madness after each fit; the peculiarities of this variety being regularly transmitted from sire to offspring.

Facts pointing to hereditary transmission are not wanting; we see them in various kinds of diseases and peculiarities, and especially in the different abnormal states to which the nervous system is liable; and yet we find that so observant a man as Tissot disbelieved hereditary influence: this doubt was also raised by Dousson, Dubreuil, &c., whereas Saillant, Maisson-

neuve, Hoffmann, and Esquirol, fully believe in the transmission here spoken of. The example we have this day to adduce, as seen at King's College Hospital, will illustrate in a very positive and sad manner how plainly and distinctly the fearful disease and its peculiarities pass from parent to child. The case offers, however, an exception to a rule observed by Esquirol—viz., that epilepsy is more frequently transmitted by the father than by the mother, the reverse generally happening with ordinary alienation of mind. The following details are derived from the notes of the clinical clerk, Mr. Maurice Davis:—

Samuel D—, aged twenty-nine years, a contractor, married, and without family, was admitted under the care of Dr. Todd, Sept. 30, 1851. From his birth to his twenty-first year he was subject to an eruption on the crown of the head, which discharged copiously, and which sometimes formed a thick yellow crust (porrigo?). This affection defied all therapeutical means for a number of years, but when the patient had reached the age of twenty-one, it healed spontaneously. Soon afterwards he began to suffer from severe headache, both in the temples and vertex, the latter locality having been the seat of the eruption. The pain made him giddy, and reel as if intoxicated; the paroxysms lasted about half an hour, and returned at the changes of the moon. As the patient grew older the attacks became more severe and more frequent.

The first time one of these severe attacks occurred, he was in a cart, turned giddy, fell, and carried with him several pieces of timber. Some of his ribs were broken, and the patient was taken in a state of unconsciousness to the Westminster Hospital. Another time he fell down among some horses he was feeding, and received from one of them a kick in the abdomen, which injury causes, even now, pain in the part. He had several fits afterwards, from which he suffered more or less injury to bones, &c. The attacks did not recur for a whole year, but with the last fit he, for the first time, exhibited violence, and this took place five years before the present inquiry.

The patient now married, and soon afterwards had a fit, after which he was so violent that six policemen could hardly hold him. An attack subsequently occurred whilst the patient was in bed, and in this circumstance, as had been the case in several others, the violence abated when his head was tightly bandaged, and vinegar applied to the temples. The paroxysms, always accompanied with much violence, followed each other at about three months' interval; and they were now marked with extreme pain in the head, both in the temples and vertex. During the fits he is unconscious; raves, and makes repeated attempts to bite and otherwise injure those around him.

The patient's mother was affected with the same kind of fits from her birth, and they increased in severity as she grew older. She was quite as violent as himself, and in one of these fits, which confined her to her room for six weeks in a state of incessant and violent mania, she died at the age of thirty-five, eleven years ago. She was the eldest of her family; her mother and two of her sisters had died of the same kind of fits. One of her aunts was living a year ago in Bethlehem Hospital, affected in an analogous manner. The uncles and aunts are quite well.

The patient is the eldest son, and has two sisters who are both in perfect health. The brain of the mother was examined by Dr. Hastings, who reports it to have been (the patient states) full of corruption.*

When the patient whose case we are relating felt any premonitory symptoms, he did not retire to rest with his wife, for fear of doing her harm; and he has of late, when thus left by himself at night, gone out, and wandered about in an unconscious state, until he found himself in some strange place, recovering from a fit. On the 30th of August, the day of his admission into this hospital, he went out, for the purpose of conveying implements into the city; but after reaching Whitehall, he was probably seized with a fit, for he has no recollection of what passed afterwards, until he found himself bound to his bed on the morning of the 31st. The patient had been brought on a litter, by two policemen, in a most violent state, raving and struggling to free himself, crying with pain, and begging the by-standers not to knock his head, within which he seemed to be suffering excruciating agony. When the paroxysm somewhat subsided, he endeavoured to bite anything in his way—his garments, or even his own hands—his eyes being bloodshot, and pupils dilated.

* Morgagni examined the brain of a woman who had had epileptic fits for two years. The anterior third of the left hemisphere was considerably sunk and extremely soft.

Chloroform was offered him for inhalation; he took it very readily, and was soon under its influence; and while in this state the pupils became more freely dilated. He remained quiet, and appeared to sleep comfortably for about twenty minutes. After this time he recovered his consciousness, and answered questions rationally. He would now and then, however, have fits of violence, and since he, by experience, felt their approach, he would warn the bystanders of their recurrence.

As he could not answer for his own rational behaviour, he was pinioned to the bed whilst the pain and fits alternated. The nature of the fit which occurred before his admission could not be well ascertained. Whilst being carried on the litter, the violent pain was suddenly arrested by accidental pressure being applied to the patient's temples; when this was discovered, a bandage was tightly placed round the head, and pads on the temples, with very good results. The patient states that by these means he could always stop or alleviate the paroxysms in his mother, when the latter was seized in his presence.

On the next day, he had a sensation of weight at the temples, but experienced relief from the ice which had been placed on his head. On the third day he was walking about in the ward, and slept well until three o'clock next morning, when his head began to ache severely, and he started up, but could not release himself. The pain in the head continued for the two following days, but was greatly relieved by the tight bandage around the temples; he was in the meanwhile taking quinine. On the seventh day he had a very good night, but when he first awoke, he could scarcely see for a few minutes, and said that he felt as if he had had a skin before his eyes, especially the left. The patient has had an attack of gonorrhœa, for which lotio-plumbi injection was used; he had here and there fits of headache, but no actual epileptic seizure, and was discharged on the 10th of September, 1851, eleven days after admission.

Such cases as the above are of rare occurrence, and the circumstance is so much the more fortunate, as the disease, especially when caused by heredity, is acknowledged as incurable. In fact, Esquirol says, "When epilepsy has been transmitted by heredity there is no cure for it." The development of the disease, occurring upon the cure of scald-head, is worthy of notice, though such coincidences have frequently been noticed. It has been observed that the metastasis of a cutaneous eruption, the healing of an ulcer, or the cessation of an habitual evacuation, has given rise to epilepsy. Dr. Maisonneuve, (1803,) mentions a boy of nineteen, who cured himself of porrigo on the head with cold water, and became epileptic a few days afterwards; and Cartheuser noticed, that in Sweden epilepsy often was the consequence of the removal of tinea capitis with cold water, a remedy frequently used for such cases in that country. Would, with Dr. Todd's patient, the hereditary influence been kept at bay if the scald-head had been allowed to continue?

The advantages of pressure around the cranium, which were manifested in this case, deserve a moment's attention: that it invariably diminished the intensity of the fit is quite clear, but how did the pressure act? Was it by counteracting the probably soft state of the encephalon, or by preventing the too rapid influx of blood upon the brain? Whatever may be the *modus operandi*, the fact is worth noting; and as vinegar and ice also alleviated the pain and diminished the violence, one is tempted to inquire what effect complete congelation, according to Dr. James Arnott's plan, would have had; the more so as this freezing method has been known to be very efficient in headache.

We would, finally, draw attention to certain statistics which show what proportion of epileptic patients suffer in their intellectual faculties, and to which varieties of alienation they are liable. The numbers were collected by Esquirol, and they refer to women, who, according to this author, are more numerous than men in epileptic wards by one-third. He considers that this larger number of women (and children) is due to the greater delicacy of their nervous system. Out of 325 females suffering from epilepsy at the Salpêtrière, at the time of M. Calmeil's superintendence, 46 were hysterical, 12 were attacked by monomania, 30 were maniacs with a propensity to suicide, 34 had fits of maniacal fury, (with 3 the violence only broke out after the fit;) 145 were in a state of dementia; of these there were 16 who had no lucid moments at all, whilst the rest fell into dementia only after the fit, and 2 had then paroxysms of great violence; 20 had weak memory and a tendency to dementia; and 60 enjoyed the full use of their intellect, but were peevish, given to fits of anger, &c. Thus it will be seen that four-fifths of all the above-mentioned patients were more or less deranged.

We took, a little time ago, a lively interest in a case of dementia connected with epilepsy, under the care of Dr. Babington, of Guy's Hospital. The patient was a very good-looking little boy, whose history we would fain subjoin, but we are obliged, in order not to outgrow our limits, to postpone it to another "Mirror."

ST. THOMAS'S HOSPITAL.

Hypertrophied Cervical Glands; Removal; Death; Autopsy.

(Under the care of Mr. SIMON.)

THAT the strumous diathesis is transmissible by heredity, is a pathological fact which is unfortunately but too well ascertained; the knowledge of this fact is however very useful, and affords much aid when we are striving to form our diagnosis. But how much greater would be the utility of this knowledge if we were often given an opportunity of counteracting the tendency to scrofulous diseases, rather than requested to prescribe for them when they are unmistakably developed! Were medical men more frequently consulted as to the general management of children *before* the morbid germ begins to show a tendency to visible manifestations, a host of evils would be avoided.

But how often would, even in such cases, our best intentions and admonitions be of no avail! how can the medical practitioner rescue from its wretched abode the child born in indigence and want, whose weakly frame, already contaminated by an unhealthy parentage, is exposed to the most effective causes of debility: bad air, bad food, and exposure to wet and cold? There are certainly a great number of avoidable diseases; but to prevent the development of a great many of them, the powerful hand of the legislator must lend its support to the benevolence which the medical profession are ever ready to exercise.

There are in large cities, hot-houses of scrofulous maladies, which as certainly send their supply to our hospitals, as the gardener sends the results of his artificial contrivances to market: remove or regenerate these, and it will not so often be the melancholy duty of the medical man to watch the progress of diseases which his best efforts and the most approved remedies cannot check. What is cod-liver oil, iodine, steel, bark, &c. &c., compared to the noxious influences which for years exert themselves on beings already predisposed to scrofula!—powerless weapons, which are mostly used because we possess no other, and the inutility of which, in a great many cases, none but hospital physicians and surgeons have so frequent opportunities to witness.

If these observations are founded on truth, as regards scrofula as transmitted from parent to child, the tendency becoming sooner or later developed, how much more forcibly do they apply to cases of congenital scrofula! Here the dark prospect is still more dismal, and it is but seldom that the onward course of the disease can be hemmed. Two cases of this nature were lately treated at St. Thomas's Hospital; they were well calculated to show how completely congenital struma contaminates the system, and how, in particular, enlargement of the cervical glands (a pathological change not directly endangering life) may, by being carried to a great extent, bring the case very rapidly to a fatal issue, whatever line of treatment be adopted. We are indebted for the following details to Mr. Jardine, house-surgeon to the hospital.

T. P—, aged six years and a half, was admitted into Abraham's ward, under the care of Mr. Simon, with enlarged glands of the neck. He is a delicate, strumous child. Four of his brothers and sisters have died of phthisis. The cervical glands began to enlarge when he was two and a half years old, and have continued to increase in size gradually since that time, until one month before admission, when their growth became much more rapid, so as materially to interfere with respiration. They at present occupy the whole of the neck in front of the edges of the trapezius muscle, dipping also underneath it, and behind the clavicles. The mass on the right side is larger than that on the left, overhanging, and almost resting upon the acromion process; encroaching on the median line, pushing the larynx and trachea to the left side, and producing, by its pressure, a loud tracheal rhonchus with each inspiration.

The child has been lately subject to occasional attacks of dyspnœa; he has had a lengthened course of cod-liver oil, as well as iron, iodine, &c., but none of these remedies have been of permanent benefit. The only remaining resource, therefore, to avert the threatened danger of fatal dyspnœa was that of removing the mass by operation.

On July 12, 1851, chloroform having been administered, the operation was performed by Mr. Simon, on the right side only. A crucial incision was made, reaching in one direction from