The patient in question experienced epileptiform attacks for more than eight weeks, though in number they were somewhat limited, and not accompanied by any marked augmentation of temperature when suddenly—without known cause, without the intervention of new accidents—the scene changed two days before death; the patient fell into collapse, and in a short space of time the temperature rose to 43° (=109·4° F.).

This example, gentlemen, will suffice to show you that, in presence of a case of hystero-epileptic acme, whatever be its intensity, or however great the chances of a favorable issue, it would be imprudent to abandon ourselves to a feeling of complete and absolute security.

thickening of the *pia mater* at the base of brain. Capacity of cerebral cavities nearly normal, parietes usual consistence. *Pons* and *medulla* injected with blood, dirty grayish red. *Lungs* congested and œdematous. *Heart* normal. *Liver* fatty here and there, exsanguine; bile, clear and dark brown. *Spleen*, small, soft, pale brown, exsanguine. *Stomach* dilated, otherwise normal, as were the intestines. *Kidneys* greatly gorged with blood: concretion size of half a pea in calyx of left kidney. *Uterus* normal. *Ovaries* containing numerous cysts, as large as peas (Wunderlich, 'Archiv der Heilkunde,'t. v, p. 210).

APPENDIX.

CASE OF PARALYSIS AGITANS.

Antecedents.—Probable cause of disease. Commencement; the members successively invaded by debility. Tremor of the head, then of the limbs.

State of the patient in 1874; *general attitude. Tremor. Gait: propulsion and retropulsion. Temperature, pulse, etc.*

Modifications supervening in the disease, from July, 1874, *until July,* 1875.

Gav— Annie Marie, æt. 62, was admitted to La Salpêtrié, December 31st, 1872; came under M. Charcot's charge (Salle St. Alexandre, No. 3), on the 12th November, 1873.

Antecedents.—Her father, a carpenter, died of an accident when she was only twelve years of age. Her mother, who succumbed at the age of seventy-four, was of a nervous disposition, easily moved to passion, but had been affected neither by tremor nor by paralysis. Her only sister died of pleurisy at forty. None of her relations, so far as she was aware, suffered from nervous affections nor, particularly, from tremor.

Gav— arrived in Paris at the age of four. Her childhood and youth passed without the occurrence of any incident worth noticing. From the age of fourteen she menstruated regularly. Having married at the age of twenty-eight, she has had five children. Pregnancy and confinement generally favorable. Of the five children, the eldest (a boy), died during the Commune, aged 35; the second and third (boys also) enjoy good health; the fourth, a female, aged 28, is subject to nervous attacks at long intervals; the fifth died at birth.

The patient assures us that she has never had any serious illness; never, for instance, was affected by rheumatism or chorea. Although she had been a costermonger for thirteen years, she never gave way to excess in drink. She has always lived in healthy lodgings, well exposed to the sunshine; she was happy in her home, and never suffered from any privations.

Invasion of the disease.—Her affection first showed itself in 1868, under the following circumstances. Her third son, of whom she

was particularly fond, unexpectedly told her one day that he had enlisted as a soldier. This news greatly afflicted her; she wept much over it, and from the following day was aware of a weakness in her right arm. Soon after, the left arm was taken in the same way, then the right lower extremity was invaded, and (simultaneously) the left. During the night-time she had cramps in her legs which made her cry out. Next she experienced weakness in the loins. At the time of her entrance into hospital (December, 1872) she was not so weak as at present (July 8th, 1874). The trembling began to invade the members, affecting first the right upper extremity, in the early months of 1873. Lastly, she noticed about the same time that she was affected by retropulsion; one day, having missed her step, she felt herself compelled to walk backwards in spite of herself.

Present state (July 8th, 1874).—The general attitude of the patient, when standing, is that described by M. Charcot in Lecture V. The body and head are bent forward; the neck is stretched and the head seems as though fixed on a rigid stem. The features are quite immobile; the brow is but faintly marked with wrinkles; the eyelids are moderately open; the patient can, however, raise or lower them with ease. The eyes, but slightly expressive, are directed forward; the patient must turn her whole body in order to look aside. Sometimes the lips adhere, but generally the mouth is half open, the lower lip, relaxed and hanging, allows the dental arch to be seen, the saliva flows involuntarily. The lips and tongue do not tremble. Deglutition, it appears, is almost always laborious.

The arms are held slightly apart from the chest; the fore-arms, half flexed, are so placed that the hands rest on the umbilical region, whilst the elbows are somewhat apart from the body. The thumb, slightly inflexed, rests usually on the forefinger; the other fingers are slightly bent and gathered together. Both hands are disposed in the same manner.

The legs approximate, though the knees do not touch. If the legs are separated, the equilibrium becomes uncertain. Whether the eyes are open or closed the attitude of the patient is the same.

She sits down heavily, and all of a sudden. She cannot rise until she get assistance, and even then the attendants have to use strength to raise her. After hesitating, she begins to walk, advancing first with short steps, afterwards hurriedly,—there is *propulsion*. "Sometimes," says Gav—, "I am driven very far, until I meet a wall,—and if I don't, I fall." The existence of *retropulsion* is also marked: to observe it, it is only necessary to pull the patient gently by the skirt,—the method adopted by M. Charcot. Immediately she begins to walk backwards, and with such rapidity that she would soon fall if not watched. The hesitation of the patient, before returning, is greater than before beginning to walk.

The trembling is scarcely noticeable, especially when she is at rest. The head trembles, at times, a little more than the hands. When these are hanging by the side, they generally remain motionless. The patient can incline her head more than it is usually inclined, but it is impossible for her to raise it in extension completely, because "the vertebral column is stiff."

Neither cephalalgia, nor vertigo, nor giddiness. The intellect is preserved and the memory good. Her *sleep* is less abridged than we find to be the case with most patients suffering from the same complaint. She would even sleep well if she were not frequently waked up by pains in the heel "that prick me, and you'd think 'twas water running inside the heel." She complains of a constant feeling of heat, and only keeps a sheet over her even in winter time.

We have mentioned the state of her strength, measured by the dynamometer (Note to Lecture V) and that of her temperature, so we shall not revert to these points.

July, 1875.—The *weakness* has gone on increasing. The general *attitude* remains the same; however, the head and trunk are more and more inclined forward; besides, a sort of *lateral inclination* has occurred, in consequence of which the right half of the body precedes the left half in walking.

At present, the *lips* are almost always adherent each to the other; the upper lip is puckered; sometimes, according to the patient, both of them are stiff. The dental arches are not pressed against each other. It would seem as if the patient drew her lips together to diminish the trembling of the chin; in spite of this precaution, her legs are stirred by little twitching movements, which, to use her own words, remind one of the motion of rabbits' lips. The *tongue* trembles even within the mouth; when protruded, the trembling is augmented.

The *trembling of the head* is composed of antero-lateral, and sometimes lateral, shakes, of very limited extent. These oscillations are transmitted to the head by the body, as was mentioned in the course of the lecture. When the patient is sitting, her *legs* tremble, and her feet beat rapidly on the floor, striking little blows. To sum up:—trembling has progressed, so far as the head and lower extremities are concerned; but in the upper extremities there is little alteration. Let us also notice the necessity of changing position (fidgetiness), which was little marked in 1874, and was only experienced during the day, is much more manifest at present, and torments the patient not only during the daytime, but whilst reposing in bed (at night). Her sleep is less than it was formerly. The patient still takes exercise in the ward and in the courtyard of the infirmary (B).