February 22. The palsy of the left third nerve was as last noted. The hemiplegia was of the ordinary form, the face, arm, and leg being paralysed, as is usual, and *the head and eyes being turned to the left.* These two deviations point to a grave lesion. He was not insensible, but could not put out his tongue; yet as he could swallow well it was clear that his tongue was not paralysed—that is, not paralysed in the ordinary sense of the term. His appetite was fair; he could take meat. He passed his fæces and urine in bed. Gradually he became more and more apathetic, his appetite failed, he swallowed badly, and a bed sore formed. He died March 27, 1868.

Autopsy.—There were found two gummatous masses, each of about the size of a hazel nut, in the right posterior lobe; they affected the part lying on the tentorium, close to the petrous bone. There was much softening round about them. There was a small gumma, size of half a pea, on the surface of a convolution of the left parietal lobe. There was a focus of softening the size of a horse bean in the right *(sic.)* crus cerebri; there was a focus of softening, the size of a pea, in the right thalamus opticus. The corpora quadrigemina, pons Varolii, and medulla oblongata were healthy.

There were several small yellowish raised patches on the basilar artery, but the main arterial disease (gummatous, not atheromatous) was of the left middle cerebral artery. One of its main branches was nodose, running, as it were, through several lumps—gummatous thickenings of the outer coat. Its channel was not occluded. There was considerable softening, however, of the hinder part of the corpus striatum, and of the under and fore part of the thalamus. The frontal convolutions were not damaged.

Mania as a Symptom of Bright's Disease. By Samuel Wilks, M.D., F.R.S.

Having had under my care in Guy's Hospital several cases of Bright's disease in which maniacal symptoms have occurred, I wish to draw attention to the fact, in order to elicit information and opinions from others, as to the probability of this form of cerebral disturbance being a result of uræmia.

The most striking morbid phenomena referable to the nervous system in this disease are, as is well known, convulsions and coma. These brain symptoms were first accurately described by Addison in the Guy's Hospital Reports for 1839,

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and are characterised by a dulness of intellect, sluggishness of manner and drowsiness, going on to a quiet stupor, ending in coma, with occasional convulsions; the case being distinguished from apoplexy by the pale face, quiet pulse, natural pupil, and the stupor of a kind from which the patient can be momentarily roused, to sink again into the same drowsy state. To designate this the term "quiet stupor" was the expression always used by Addison. These are the cerebral symptoms which, according to the experience of all, are very usual concomitants of degenerated kidneys, and with myself it was many years before I had a suspicion that anything like excitement might attend uræmic intoxication. It was long before this, however, that the question was suggested to me during the course of a trial in which I was engaged in association with another London physician. The case was one where a young man had on his death-bed made a will in favour of his wife, a person beneath him in station, and to whom it was not known at the time that he was married. In the attempt to set aside the will, a *post-mortem* was made, in the description of which a hesitating opinion was given as to the healthiness of the kidneys; whereat the solicitor in the action gathered information relative to the existence of cerebral disturbance in connection with disease of these organs, and on which he tried to found an argument as to the soundness of the testator's mind. My friend and myself assented to his general proposition, but maintained that the symptoms would not resemble those of ordinary mental derangement, being either those of stupor, unconsciousness, or coma; that there would be a deprivation of all mental power, but no aberration of intellect, as the lawyers would understand it. There was then thrust upon us the case of puerperal mania in connection with albuminuria, but this did not shake us in our opinion. Since this time, however, I have had reason to believe that in uræmia certain aberrations of mind are occasionally found; not, I think, of the kind suggested in the trial, leading to perversions of moral feeling and of intellectual operations such as are usually implied in the term insanity, but rather acute maniacal conditions. When I use the word "uræmia," I do so in its more general sense as implying the blood charged with urinary ingredients and not necessarily with urea alone.

During the last few months three patients suffering from Bright's disease have been under my care, in whom acute maniacal symptoms occurred. These patients had long been ill with the usual concomitants of Bright's disease, and in

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two of them there were associated with the cerebral symptoms epileptic fits, so that I asked myself the question whether the mania was due not directly to the uræmia, but to the condition of brain usually associated with convulsive attacks.

The first case was that of a railway guard, who had been behaving in a strange manner all day, and at last had a fit, and was brought to the Hospital. He was then violently mad, and was put into the "strong room;" he was the subject of marked gout, and had highly albuminous urine. After two days he became quite rational, and was then treated for this disease, which was evidently chronic, and due, in all probability, to a gouty granular kidney.

A young woman, long the subject of Bright's disease, after having been in the hospital for some weeks, had several epileptiform fits, and at the same time was so greatly maniacal that she had to be removed to the "strong room." After a few days these symptoms passed into those of lethargy, when she gradually resumed her original state.

A woman, beyond middle age, in an extreme state of cachexia in connection with long-standing Morbus Brightii, suddenly lost her reason, became noisy, threw herself about, and was obliged to have side boards fixed to her bed. She remained in this wild, senseless condition for a week, when she again became quiet, subsequently dying from the effects of atrophied kidneys.

In these cases it might be suggested that the maniacal attacks were due to the epileptic condition of the brain, and not directly to uræmia, or even to some impoverished state of brain in connection with diseased blood-vessels. I might mention that in some other cases lesser conditions of mental aberrations have been noticed, as in a chronic and most typical case of Bright's disease long in the hospital, where the man's mind was always in a rambling state, and sometimes he was not coherent in his speech. In another case, where similar symptoms were present, the patient had gout, and was suffering from a not unfrequent attendant upon it, lead poisoning; so that a number of circumstances had to be considered which might favour the mental disturbance.

I speak, therefore, hesitatingly of maniacal symptoms being caused by uræmia, since a number of other causes in each case may be present on which they may depend, and also because good observers have not, as far as I am aware, described such symptoms as characterising the brain disturbance of Bright's disease.

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