

is difficult, rapid, and accompanied at the moment of expiration by a short, interrupted cry; while, during the *coma*, it is slow and deep, and terminates with prolonged and plaintive sighs. 8. The hemiplegia which supervenes indicates the occurrence of a cerebral or meningeal hæmorrhage. 9. The intra-arachnoid hæmorrhages are the most common, and are followed, in young children, with a dilatation of the side of the head (capable of mensuration) opposite to that on which the hemiplegia occurs. 10. The serous cyst surrounding the blood has frequently been mistaken for the arachnoid, or dura mater. 11. The hemiplegia affects movement rather than sensibility, the limbs oftener than the face, and diminishes much with age, though it is rare for it to cease entirely. 12. It may be limited to a single limb, or to certain muscles, as the extensors of the fingers, or the feet, the upper eyelid, &c. The paralysis of the extensors of the foot induces the predominance of the flexors, the curvature of the limb, and consecutive club-foot. 13. An arrest of development takes place on the paralysed side, especially as regards the leg rather than the arm. 14. As a consequence of eclampsia also supervene the more or less persistent contractions of the muscles, which frequently give rise to torticollis, club-foot, spinal distortion, as first shown by Guérin. 15. The existence of these club-feet prior to birth, their cure, and their return after the eclampsia, lead to the belief that eclampsia may attack the child in utero. 16. It is the same with meningeal hæmorrhages observed in the fœtus without any traces of external violence. 17. Eclampsia differs from epilepsy because, (1) the convulsions are at first tonic, and terminate by a tonic contraction—being the reverse of what occurs in epilepsy; (2) the duration of the paroxysm is longer, and the aura is absent; (3) the peculiarity of the respiration, and absence of stertor; (4) the frequency of pulse, the meningeal hæmorrhages, the invariable cessation of the convulsive attacks at the end of some years, or, at the latest, about the period of puberty. 18. Eclampsia differs from symptomatic or sympathetic convulsions, because, (1) the spasmodic movements are much more marked on one side than the other, and generally implicate the entire half of the body; (2) the paroxysm is never transformed into, or

alternated with, another form of convulsion, as tremor; (3) eclampsia induces repeated paroxysms, and not continuous convulsions; (4) the peculiar characters of the respiration; (5) eclampsia arrests or modifies disease in the course of which it happens to occur, and has its own course arrested by the supervention of a new disease.—*Archives Generales.*

*Tuberculization of the Bones of the Cranium.*—Whether tubercles arise primarily in the bony tissue, or in the brain or its membranes, they occasion alterations in the cranial parietes when they come in contact with the bone. When tubercle originates in the membranes and consecutively extends to the bones, it corrodes and at last perforates them. When it originates in the bone itself, it may be encysted or infiltrated, and produces disorganization of the bony tissue, the result of which is also perforation, and the establishment of a fistulous opening by which the cranial cavity, or that of the organs of the senses, communicates with the external air. When tubercles are situated upon the orbit, or cribriform plate of the ethmoid bone, they may occasion serious disease of the eye or exophthalmia, or destruction of the interior of the nasal fossæ. In four cases we have found complete destruction of the membrane of the tympanum. The internal ear was converted into a large hollow filled with thick greenish fluid, with a number of small portions of bone floating in it. In three of the cases it was impossible to discover any vestige of the parts belonging to the internal ear; whilst in the fourth, a large splinter, detached from the interior of the petrous portion of the temporal bone, contained the cochlea and part of the semi-circular canals. We also found the auditory and facial nerves, where they enter the auditory foramen, but could not trace them into the interior of the abscess. In two cases the petrous portion of the temporal bone, examined at the anterior of the cranium, presented no appreciable alteration; the dura mater retained its ordinary colour and consistence; it was detached easily from the bone; the bony tissue beneath it showed no trace of vascularity; in the other two cases the dura mater was diseased. In two, there was a large perforation behind the