

On Jan. 5th, '94, he was suddenly seized with a severe epileptic convulsion, and two hours later had a second fit.

Put him on pot. brom. and chloral hyd., and he has had none since.

In conclusion, I will draw attention to a few facts and leave them with your readers to discuss. First, then, note the extensive injury to the brain substance, and at present (now six months), to all appearance, no impairment of the mental faculties. Subsequent events may possibly prove present appearances to be fallacious, but the chances are in favor of the patient. Then the amount of damage to the skull indicates great violence, but having withstood the shock, this was probably an advantage to the patient, for it gave excellent drainage.

Strong bands have formed across the opening, and in the lower angle there is the probability of some bone formation.

Again, the epileptic convulsions, that occurred on the 3rd and 4th of Oct., and which ceased on the removal of blood-clots and pus from the upper and posterior part of the wound, furnish strong evidence that the centre, controlling the muscles of the lips and angle of the mouth, is situated in that region.

It was unfortunate that the patient, contrary to instructions, was given such indigestible articles of food as pork and pastry; but what I wish to note is, that the patient became unconscious at a time when his circulation was steadier, stronger and slower than it had been for a week before, the pulse being 108. He lay almost motionless, but not from paralysis; there was considerable tendency of the brain to hernia, and concurrent with improvement was there a lessening of this tendency. The face was about the same color as before, the eyes were not congested, the pupils were slightly dilated, and the carotids did not throb particularly. There seemed to be increased intracranial pressure. A question that has risen in my mind is, whether or not the administration of antipyretics has any tendency to produce such a state; and, if so, which has the most and which the least tendency?

P.S.—Since the foregoing was written in April last, there have been changes in the case. In June he had two convulsions and on Aug. 27th

he was again seized, and on 30th the fits recurred and continued to recur every ten to thirty minutes until the patient succumbed on the 31st, exactly eleven months after receiving the injury.

Gave pot. brom., chloral hyd., morphia and chloroform, and laid open the seat of injury down to the dura mater, but the convulsions continued. Patient did a man's work on the farm, blew a trombone in a brass band, and attended open-air dancing parties till all hours of the night. The week before his death he indulged in such pleasures six consecutive nights. No amount of persuasion could deter him from these extremes.

The lack of judgment and increased wilfulness were apparently the only evil effects on the mind.

Selected Articles.

PRESERVATION OF MORBID PRODUCTS FOR MICROSCOPICAL EXAMINATION.

The microscopical examination of diseased tissue, secretions, excretions and exudations, is now considered an indispensable aid to the formation of a correct diagnosis, a safe prognosis, and a rational therapy. That such examinations are not resorted to oftener than they are is certainly to be regretted. The general apathy in this matter is principally due to the fact that even the principles of *ractical* pathology have not occupied the position in the curriculum of the medical colleges of this country that their importance demands. Consequently, their graduates are not able to make the examinations themselves, and, if they have specimens which they wish to send to a pathologist to be investigated, they do not know how to *preserve* them. The result is that very often the specimens are treated in such a way that a satisfactory examination cannot be made. It is not an uncommon occurrence to have morbid tissues and growths sent immersed in whisky, brandy, and even water. I once received a portion of a tumor wrapped in several layers of cloth and paper. It was several days before the package reached me. Its condition can be imagined. Suffice it to say, I did not examine it. Urine is frequently sent without anything being added to prevent decomposition. Sputum is often transmitted between the folds of a prescription blank or writing paper. Such methods may place the pathologist in an uncomfortable position, and he is often severely criticised as incompetent, when the fault belongs to another.

In view of these facts, I have thought it might be acceptable to many of the readers of the *Louisville Medical Monthly* to have such informa-