

pupils were contracted. Not having micturated, his bladder was emptied with a catheter.

Next day oozing from the ear had ceased. The man was still very drowsy. Temperature 99.8°; pulse 80. Ice was now kept on the head. On the 22nd there was extreme tenderness on and above the left mastoid process. Six leeches were put on this spot. Next day there was less tenderness and pain; less drowsy. He complained that his left ear was deaf.

On April 6th a laceration in the upper part of the membrana tympani was detected.

Three days after this note he was permitted to go home, and enjoined to report himself from time to time, which, however, he failed to do. It is believed that had he not quickly resumed work, recourse to the hospital would soon have been had for advice.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

CASE OF SEVERE NEURO-RETINITIS IN BOTH EYES,
FOLLOWED BY SEPARATION OF BOTH RETINÆ;
REPEATED TAPPINGS.

(Under the care of Mr. MACNAMARA.)

FOR the following notes we are indebted to Mr. J. G. Mackinlay, registrar.

E. S—, aged twenty-seven, attended as an out-patient Sept. 3rd, 1878. She had been married between five and six years, and had had three children born at full time; the eldest died in convulsions when two months old, the other two were living, and appeared healthy. She had had no miscarriages, and had always had good health. Was about six months and a half advanced in pregnancy. She stated that vision began to fail in the right eye about ten months before, and had gradually got worse. The left eye began to fail about six or eight weeks before. With the right eye she read Jaeger No. 20 with difficulty; with the left, Jaeger No. 8 at six inches; $V = \frac{2}{3}\%$. On examination with ophthalmoscope the right disc could not be seen, but the vessels were visible coming out of a large dense white effusion which ran across a portion of disc obliquely, and for some distance above and below it. The left disc could be seen; vitreous hazy, and had fine movable bodies in it; no effusion of white lymph on retina. No albumen in urine. Ordered mixture of perchloride of iron with quassia.

Sept. 17th.—Conditions the same. The husband attended to-day, and stated that he had a sore (for which he was cauterised) some three months before his marriage, but no history of any secondary symptoms could be obtained. The patient was ordered to continue mixture with a drachm and a half of perchloride of mercury added to each dose.

Oct. 22nd.—Treatment has been continued. The upper (apparent) edge of the right disc could now be faintly seen, still there was a dense mass of white effusion over portion of disc, and a thinner extensive mass of effusion around it, and portions of vessels seen here and there plunging in and out. The left disc still could not be seen; numerous small and some large floating bodies in the vitreous, and the retina was separated for about its inner fifth.

On Oct. 29th the right eye read Jaeger No. 20 at six inches, the left eye read Jaeger No. 16 at five inches. Separation of retina was noticed to-day in the right eye for about its lower and inner fifth.

The patient did not attend between Oct. 29th and Jan. 7th, 1879, but sent for her medicine. She was confined on Dec. 13th. The labour passed off well. Child was stated to be healthy; the mother was not nursing it. She stated she had an attack of inflammation in right eye a fortnight ago; the pupil was now small, irregular, and quite immovable to light. The iris was somewhat discoloured, the globe slightly injected, and especially so round the ciliary region; vision was reduced to *nil*. In the left eye the pupil was large, and acted somewhat to light; vision equals perception of light.

On Jan. 14th she was admitted. The injection of the right globe was less; the other conditions of both eyes were unaltered. Under ether Mr. Macnamara, with a Graefe's knife, punctured sclerotic of left globe at inner and lower part, about half an inch from margin of the cornea. No fluid escaped, and the knife was inserted about a quarter of an inch further back, and fluid (not considerable in quantity)

then welled up under the conjunctiva. Mr. Macnamara then tapped the right globe with Graefe's knife, puncturing the sclerotic at outer and lower part of globe about three-quarters of an inch from margin of cornea; fluid at once welled up in considerable quantity, and Mr. Macnamara then made a small slit in the conjunctiva half an inch away from the puncture, and allowed most of the fluid (which was of a pale yellow colour) to escape. In both operations the knife was slightly rotated after its entrance into the globe. The eyes were padded. No sickness after the ether.

On the 15th both globes were somewhat injected; with the left eye patient could count fingers at fifteen inches and distinguish a half-crown piece.

On the 21st July patient left the hospital. She stated that she decidedly saw better, and could find her way about the ward.

On the 29th vision in right eye was unimproved, but with left eye she could read Jaeger No. 20 at six inches. The detached retina was still seen in the same position, but not extending so far up.

On Feb. 11th the left eye read Jaeger No. 20 with difficulty at five inches. Between this date and the 25th she miscarried.

On March 4th the retina was more detached in the left eye; the separation extended over almost the whole of the inner side of the fundus. She could still with difficulty make out Jaeger No. 20. She was admitted, and, under ether, Mr. Macnamara again tapped through the sclerotic with Graefe's knife and evacuated a quantity of yellow fluid, most of which was left under the conjunctiva. There was slight sickness after the ether, and next morning the globe was much injected.

On the 11th she thought her sight was not much better. The globe was still injected. She left the hospital.

On April 8th the right globe was quiet, but was getting soft. The fundus could not be seen. Vision equal to doubtful perception of light. In the left eye the retina appeared in much the same condition as before; if anything, detachment had rather increased. Vision, Jaeger No. 20 at six inches, with difficulty. Tension of left eye normal.

On May 13th the retina was still more detached in left eye; could only see fingers move. She was admitted, and Mr. Macnamara again tapped through sclerotic as before, and evacuated fluid. There was very little injection of globe after the operation. The patient left the hospital on the 17th. $V =$ counting fingers.

On the 27th the right globe was getting very soft. With the left she saw fingers move, and retina was as much detached as ever.

The general treatment was sometimes for weeks together the perchloride of mercury in drachm and a half doses, with iron, this being occasionally omitted for a time, and small doses of strychnine given.

ASHTON - UNDER - LYNE DISTRICT INFIRMARY.

COMPOUND FRACTURE OF RIGHT SUPERIOR AND INFERIOR
MAXILLÆ, WITH COMPOUND DEPRESSED FRACTURE
OF SKULL AND HERNIA CEREBRI; RECOVERY.

(Under the care of Mr. HOPWOOD.)

FOR the notes of this case we are indebted to Mr. S. J. Rennie, the house-surgeon.

W. McC—, aged twenty-eight, bricksetter, was admitted July 30th, 1879, for injuries. He was engaged in removing the centre support of the arch of a brick-kiln, and before he could get out of the way the arch fell, and the patient and another man were buried in the ruins. The arch was about nine feet high from the centre to the ground.

On admission the patient had a large ragged wound across the right side of his face, from his nose, one nostril of which was torn open, to his ear, passing beneath the margin of the orbit. There was found to be a compound comminuted fracture of the right superior maxilla, which had evidently been caused by a large stone smashing his face. The line of fracture ran through between the central incisors, and the antrum was opened into. The fracture then ran beneath the orbit to the malar bone, which was comminuted, and the zygomatic arch broken. The coronoid process of the lower jaw was broken off, and there was a depressed fracture

of the temporal bone just above the zygoma, from which the brain protruded to about the size of a strawberry.

The coronoid process of the lower jaw, and the broken zygoma were removed, the protruding brain matter was shaved off, and the temporal bone, which was slightly driven in, was easily elevated with the tip of the finger. The wound was then washed out with carbolic lotion, several splinters of bone removed, and the parts brought together by sutures, a drainage-tube being introduced. Carbolic lotion as a dressing was applied, a wedge placed between the teeth to elevate the upper jaw, and the whole secured by a four-tailed bandage. Temperature 99° Fahr.; pulse 62, full, strong, regular. Ordered six grains of calomel with six of compound ipecacuanha powder. Head to be shaved, and an ice-bag applied.

The patient was perfectly sensible when brought in, and thought he was only slightly hurt. There was no shock, nor had there been any. The pupils were perfectly regular, there was no paralysis of the facial muscles, and the patient expressed himself better as soon as his injuries had been attended to.

Next morning the temperature was 98·6°; pulse 62. He felt better. There was some redness about the margin of the wound. Bowels not opened. The calomel and ipecacuanha were repeated; and one-tenth of a grain of tartarised antimony was given every four hours in an effervescing saline mixture; ice to suck; milk and beef-tea. Mouth and nose to be washed out twice daily with Cond's fluid. Evening temperature 99·2°; pulse 64. The bowels were opened once freely. Had one-fourth of a grain of morphia hypodermically.

August 1st.—Morning: Temperature 98·4°; pulse 66. Slept well. Wound looking well. Bowels not opened. Ordered saline aperient mixture. Evening: Temperature 98·2°; pulse 63. Taken milk and beef-tea well. Bowels opened once freely since aperient. Pulse rather irregular and bounding. A quarter of a grain of morphia injected hypodermically.

2nd.—Still feels better. Some redness about neck, but wound looked well. One or two sutures removed. Bowels not opened. Calomel and saline aperient repeated.

3rd.—Morning: Temperature 98·6°; pulse 70, full and compressible. Still improving. Redness about wound less. Wound syringed with Cond's fluid. Bowels opened twice during night. Slept well.

4th.—Better. Wound looking healthy; several sutures removed; dressed as before. Takes milk and beef-tea freely. Tongue clean. Temperature 98·5°; pulse 75. Ordered the calomel and white mixture as before.

6th.—Slept fairly; feels better. Several enlarged glands had made their appearance in his left arm, evidently caused by the irritation of the hypodermic injection; these were painted with iodine.

On the 8th the enlarged glands had disappeared; drainage-tube removed. Wound, from nose half-way, healed, other half granulating, having been kept open by drainage-tube. Tongue clean; bowels regular. Temperature 98·2°; pulse 68. On the 9th he said he felt as well as ever he did in his life. On the 10th the wound was brought together by strapping. Allowed meat, shredded fine, and oatmeal porridge with milk.

14th.—Temperature 97·6°; pulse 76. Still progressing favourably; wound three-quarters healed, rest granulating rapidly.

On the 23rd he was allowed to get out of bed. On the 27th the wound was entirely healed. On Sept. 1st he was convalescent. He had some stiffness on trying to move his lower jaw, and there was some tenderness still during mastication. There is a slight sinking in along the line of fracture, but very little deformity, considering the frightful nature of his injuries.

On Oct. 14th he was seen. He was quite well and working regularly; there was very little disfigurement.

Remarks.—The interesting features of this case are, the enormous amount of injury sustained, with absolutely no symptom of any moment; and also that it is an illustration of the fact that comparatively large portions of the convolutions of the cerebrum may be removed without any bad results. It shows the value of the careful removal of all, even the minutest, splinters in cases where there is a compound comminuted fracture of a thin bone like the wall of the antrum, and the use of frequent syringing of the wound, to remove, as soon as formed, any discharge which might become a source of irritation.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Multiple Sarcomata of Skull.—*Primary Sarcoma of Liver.*—*Arrested Growth of Tibia due to Injury of Epiphysis.*—*Fatty Degeneration of Heart from Anæmia.*—*Suppurative Myocarditis in Scarlatinal Nephritis.*—*Peculiar Rash on Tongue.*—*Vesical Calculus formed around a Hair-pin.*

THE ordinary meeting of this Society was held on the 18th instant, Mr. J. Hutchinson, President, in the chair. Amongst the specimens exhibited, one of suppurative myocarditis in a case of scarlatinal nephritis by Dr. Goodhart, and one of a curious evanescent rash on the tongue by Mr. Barker, gave rise to the chief discussions of the evening.

Dr. ABERCROMBIE showed a specimen of Multiple Sarcoma of the Skull. It occurred in the form of three large rounded tumours on the vertex, with the periosteum stretched over them, and many smaller patches penetrating the inner table. In the posterior and middle fossæ at the base of the skull, and also on the left of the sella turcica, were other masses. One mass invaded the left cavernous sinus, and extended thence into the sphenoidal fissure. The dura mater adhered to these growths. There was also a growth in the pia mater in one of the cerebral hemispheres. The body of the sternum was also the seat of a tumour beneath the periosteum, and on both sides the iliac glands were swollen and infiltrated. The growth was composed of round cells imbedded in a scanty stroma, and evidently originated from the deeper layers of the periosteum. The patient was a child, admitted into Ormond-street Hospital, under Dr. Gee's care, in June, 1878, after ailing for three months with pain in the abdomen and back. On admission, a small soft swelling was found in the right parietal region, as well as a small mass in the right iliac fossa. As the case progressed, optic neuritis occurred, followed by total blindness. Death took place six months after the onset of illness. Dr. Abercrombie remarked upon the immunity from the growths presented by the thoracic and abdominal viscera.—Mr. BUTLIN had collected a certain number of cases of multiple sarcomata of bones, and found them mostly occurring in young children, and to be round-celled. Of those commencing in the skull, more occurred on the vault than at the base, and, although generally arising in the diploe, they contained but few myeloid cells. In most of the cases death was determined, not by extension to the brain, but by the visceral growths. In one case, observed by himself, growths in the lung and liver were associated with the cranial tumours, and led to death.—Mr. WALSHAM said that he had examined some cases, and found them to be clearly medullary carcinomata, and not sarcomata. (The specimen was referred to the Committee on Morbid Growths.)

Dr. COUPLAND exhibited a specimen of Primary Sarcoma of the Liver, no other organ in the body being diseased. The liver was uniformly enlarged, weighing 300 ounces, and the new growth, which was widely diffused, presented patches of black and grey pigmentation. It was of tolerably firm, elastic, and fleshy consistence, contrasting markedly with what liver-tissue yet remained, and exceeding this in amount. There was no similar growth in any part of the alimentary tract or in the pelvic organs, and beyond basic engorgement and compression the lungs were healthy. The case was that of a married woman, aged thirty-three, who died in the Middlesex Hospital, under the care of Dr. Greenhow, Oct. 3rd, 1879, after an illness of about seven weeks' duration, characterised at first solely by pain in the right hypochondriac and lumbar regions and the right shoulder. When admitted she did not appear to be very ill, but after a week's stay her illness rapidly took a downward course, the margin of the greatly enlarged liver becoming more uneven under observation. The nature of the hepatic change was peculiar and difficult to determine; for, side by side with a type of structure obviously carcinomatous, and plainly evolved from the gland-cells, there were portions as plainly sarcomatous, composed of whorls of