gismus, may be, on the contrary, mainly those of centric organic origin.

Obviously, in cases of thoracic apnoeal epilepsy tracheotomy would be unavailing, albeit possibly it might be called for, or justifiable considering the expectation of laryngismus which might plausibly be entertained. All that one claims is that, in certain cases, and in ordinary private and hospital practice, I believe the majority of cases of severe apnoeal epilepsy, we have both bodily and mental powers endangered by the existence of laryngismus, and that in such cases it is a short-coming if we hesitate to resort to tracheotomy. But even to go a step further in accounting for death during an epileptic attack whilst a tracheal tube is being worn, I suppose a patient might die in an attack, and yet no true apnoeal or suffocative epilepsy, whether thoracic or laryngeal, exist.

Speculations of this nature would carry me too far into theories concerning the subject of epilepsy in the abstract, and its mode of tendency to death, to be admissible here. I will relate a condensed account of two cases of laryngismus brought about by foreign bodies, which set up violent general convulsive action in the body, as bearing markedly and with much interest on the question of spasm of the glottis associated with certain epileptic seizures.

The first case is that quoted by Mr. Louis in his excellent *Observations on Tracheotomy (or Bronchotomy)*,* of a girl, aged six years, who had a bean thrown into her mouth by a companion. The voice suddenly became hoarse and the breathing difficult, and pain was complained of at the upper part of the throat. These symptoms continued and it was diagnosed that the foreign body had passed into the trachea. The extraction of the offender by tracheotomy was urged by the medical practitioner, but this measure was ignorantly and inexcusably opposed by others who were asked in consultation. This occurred before auscultation was applied to the practice of medicine. Attempts were made to remove the bean, under the impression that it was not in the trachea but in the œsophagus. What was the result? These efforts caused the child much suffering; it ceased to speak, and "*was seized with (laryngismus) violent convulsions.*" The child lived on for three hours. During the last hour of this period, the patient was quite insensible, and was described as being "*severely convulsed.*" Half an hour after death the operation of tracheotomy was performed, and the foreign body most easily removed from the trachea.

The second case, also quoted by Louis, which I would adduce, was that of a boy, aged ten years, who, whilst cracking a whip, twitched off a brass pin at the end of the cord, which pierced his throat just below the cricoid cartilage, and produced a small circumscribed tumour, the size of a lentil. The boy, who was not aware of the accident, whilst still cracking his whip, was suddenly seized with extreme dyspnoea, and "*seemed in immediate danger of suffocation.*" The cause was not recognised, and the symptoms increased in danger and gravity. The breathing became very laborious; the face swollen and purple; the eyes projecting, extremities cold, and "*convulsions*" came on. He was insensible when a medical practitioner discovered a little red spot where the pin had made an entrance. He laid bare the cartilaginous rings of the trachea, directed by the redness and the swelling, and felt something projecting more than a line beyond the circumference of the tube. This was extracted, and found to be a brass pin without a head, and more than fifteen lines in length. This body had traversed the trachea, and pierced its posterior wall from left to right. The child was at once called back, as it were, from death to life, and the wound healed quickly.

I will conclude this Appendix by describing a case in which an attack of apnoeal laryngeal epilepsy was caused in one of his patients by a friend of mine, simply by the direct irritation of the glottis. The patient, a man aged twenty six, of delicate health, had early symptoms of phthisis. For some time the voice had been lost, and there was a tickling cough. The pharynx was found to be much congested and slightly ulcerated, and the epiglottis red and congested; and the case was considered a suitable one for the local application of nitrate of silver. Accordingly, the tongue being depressed, and the epiglottis brought forward, a solution (ten grains to the ounce) was applied to the pharynx. In a few seconds, the patient seized hold of his medical attendant, to avoid falling, and appeared to be "*suffocating.*" The face was blue; the eyes became prominent, and the alæ of the nose widely open. Violent "*convulsive movements*" of the neck, the head, and the arms came on, and the patient pointed to his throat as the seat of distress. This condition lasted for at least two or three minutes, and

fears of his recovery were entertained. By the application of cold water &c. the spasm of the glottis was soon relieved, and after a dose of ether, the patient got all right again.

Incontestably, had the laryngismus and concomitant convulsions not subsided, nothing but tracheotomy or laryngotomy—that "*ultimum auxilium in iis qui maxime suffocantur,*" as Galen's translator has it, would have had any influence for restoring respiration. To my mind the above-quoted cases are most apt, and answer the purpose for which I adduced them—that is, they show how convulsions and insensibility consequent may take origin merely from spasmodic action of the glottidean muscles or spasmodic laryngismus. And as regards the application of tracheotomy for the relief of this same laryngismus, if it be dangerously severe, I would quote the words of Louis: "*What educated surgeon would look on a wound which should implicate only the integuments and the trachea as anything but a very simple affair?*" And again, "*Are we to hesitate from timidity to make a slight incision in that part, (the trachea,) when on doing so we save a fellow-creature's life, and snatch him from the jaws of a certainly impending death.*"

It appears to me that the suggestion by Dr. Marshall Hall of tracheotomy for the relief of paroxysmal laryngismus, when it occurs in epilepsy, especially when we consider that it may be done under chloroform, and allows of every care for the prevention of hæmorrhage, was one of the happiest, simplest, and most ingenious possible. It is only of paramount necessity to be quite convinced that the epilepsy is complicated by spasm of the glottis; and in this, considering how difficult it is in most cases for the medical attendant to watch or even witness the attack, lies the main difficulty. Granting the expediency of tracheotomy, when the epileptic seizures are of inorganic or ec-centric origin, it is a different and farther question, how far it is wise to entertain thoughts of the same operation when the laryngismus is paralytic or of centric origin.

Upper Brook-street, Grosvenor-square, Feb. 1858.

ON A

REMARKABLE CASE OF ENCEPHALOID DISEASE OF THE RIGHT OVARY,

WEIGHING TEN OUNCES AND A HALF, OCCURRING IN AN INFANT NINE MONTHS OLD.

BY RICHARD BROWN, M.D., Hove.

NAOMI J.—, aged nine months, residing in George-street, Cliftonville, was brought to me for advice on the morning of the 15th of February. The mother stated that on the day before she first observed her baby's stomach was very much swollen; that up to this time it appeared in good health, except that it got rather thinner, which she attributed to teething, as her children usually fell away at that time. The child was fretful, and occasionally cried out as if she were in pain in her abdomen, and sometimes vomited her food; the abdomen was very much distended, and tympanitic generally, except the hypogastric region, which elicited a dull sound on percussion; but the mother assured me the child had passed its urine freely; she was anæmic-looking; pulse frequent and feeble; tongue white; evacuations of a greenish hue.

Feb. 16th.—No improvement in the symptoms; the child very restless, and frequently screaming out as though in acute pain.

17th.—The abdomen remains distended to the utmost, and tympanitic; the vital powers evidently sinking. In the evening of the same day I found the child in a semi-comatose state; pulse very rapid and feeble, and extremely cold. At midnight she expired.

The following day I made a post-mortem examination of the body with my friend, Dr. Davis. Upon opening the cavity of the abdomen, a quantity of fluid (serum) escaped; the small intestines were very much distended with flatus, and pushed up by a large tumour occupying the pelvic cavity, the hypogastric, and part of the umbilical region; the stomach was empty; the cæcum contained a small quantity of greenish feculent matter; the whole of the viscera were healthy in appearance, but exceedingly pale; no signs of peritoneal inflammation. The tumour I found seated in the right ovary, which I carefully removed with the uterus and its appendages,

* Vide the works of the old Sydenham Society, 1848.

and afterwards gave it to Dr. Ormerod to add to the museum of the Sussex County Hospital. It was of an oval form, and a mottled white-and-red colour, the different coloured patches being separated by sulci, in which ran large vessels, giving the tumour very much the appearance of a small brain. Besides these patches were small cysts, here and there containing a clear yellow fluid. On section, more of these cysts were visible, and the difference between the white and red parts appeared very distinct, referable apparently to the different degree of vascularity of the different parts. The substance of the tumour consisted of a matter of about the consistence of cerebral substance in a child of that age. Under the microscope it displayed numerous cells, more or less affecting an oval form, some much more elongated, all nucleated. The uterus, particularly the cervix, was very much enlarged.

Malignant disease of the ovary, though of rare occurrence, and seldom a primary affection, has, I believe, never been met with, except in adults, or before the commencement of sexual activity. Encephaloid tumours are less common than other malignant diseases of the ovarium; but the disease occurring as a primary affection in an infant at the breast, is unparalleled, and renders this case unique. The rapidity with which it ran its course, the age of the child, and the absence of any symptom that could excite the suspicion that the disease was malignant in character, are circumstances of great interest.

Adelaide Lodge, May, 1858.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

ROYAL OPHTHALMIC HOSPITAL, MOOR-FIELDS.

REPORT OF OPERATIONS PERFORMED BY THE SURGEONS
DURING THE FIRST QUARTER OF THE YEAR 1858, FROM
JANUARY 1ST TO MARCH 31ST.

THE number of operations of various kinds, which Dr. Bader, the house-surgeon to the hospital, denominates as major, which were performed within the period of the quarter amounts to 223; many of these were of much interest and importance. Our space permits our giving only some of the more striking.

Excision of the Globe was performed twenty-three times, as follows:—

One case of staphylomatous enlargement of the globe after purulent ophthalmia; one case of strumous deposit into the ciliary processes, with perforation of the sclerotic; one case of injury to the one eye, keeping up sympathetic suffering of the other; one case of general inflammation of the globe, consequent upon injury; and one case of what appeared to be strumous deposit behind the crystalline lens. In the last case (a patient of Mr. Streatfield) the cornea and crystalline lens were transparent, and behind the lens a bright yellow non-vascular mass was perceptible. A section of this eye proves the yellow appearance to be caused by the detached hyaloid and retina being intimately adherent to the posterior lens capsule. It is not often the case that the cornea and lens retain their transparency when the posterior parts of the eye are thus changed.

Of the next ten cases, three were for staphylomatous enlargement of the globe; four were cases of acute inflammation of the globe, in which vision had been destroyed by former inflammatory attacks; two cases without active inflammatory symptoms in the diseased eyes, which were removed to prevent their compromising the healthy eyes; one case of some congenital disease of the deeper parts of the globe, with loss of vision and recent inflammation, affecting the sound eye. In several cases the outer canthus was divided to allow the staphylomatous globe to press through the palpebral aperture. The bleeding (generally inconsiderable) is best stopped by continual application of cold water, keeping the palpebræ open

with the speculum; the introduction of lint does not answer as well. Of the above globes, three are particularly interesting. One (excised by Mr. Dixon) inflamed during the recovery of the other eye from extraction. Cataract had existed in both, and had been successfully extracted from the right eye. Three weeks after the operation the left eye inflamed; pain, &c., continued for two months, and the globe was removed to save the right eye. Mr. Dixon divided conjunctiva, superior, inferior, and internal rectus, (without using the hook,) and the optic nerve. The globe advanced out of the orbit, and the external rectus and remainder of its soft attachments were divided. A quantity of lymph had been deposited throughout the vitreous humour, and by its changes, shrinking, &c., had detached the retina. In a case (of Mr. Poland's) excised for melanosis of the globe, the development of the cancerous growth (from the choroid near the yellow spot) was distinctly seen. The melanotic mass consisted of millions of transparent tubes, which, commencing in the choroid, branched out and opened into the eye; to the different branches long oval cells were attached; the branches and cells were surrounded by rust-coloured blood-corpuscles and pigment débris. The growth had filled the globe within a week, and had caused effusions of lymph on the outer surface of the sclerotic beneath the insertions of the oblique muscles, which rendered excision somewhat tedious. Six hours later the contents of the globe formed a smeary chocolate-coloured mass, none of the tubes being recognisable. In the globe which had been removed for some congenital defect and pain, &c., by which it compromised the good eye, an irregular shaped dead white mass (the lens) had been visible through the cornea, and dilated pupil suspended in the transparent ciliary pigment. On opening the globe, a fibrous cord was found attached (on the surface of the retina) to the portion round the yellow spot and entrances of the optic nerve, and thence stretching through the vitreous humour, was inserted into the hyaloid fossa, to whose anterior surface the dead white shrivelled lens was firmly adherent, so that on dragging it with a needle the retina was detached to the extent of the insertion of the fibrous cord; the latter enclosed numerous bloodvessels, most of which branch backwards before reaching the hyaloid, and form the central point of insertion for the transparent strings, which originate from the inner surface of the hyaloid, and by their number appear to cause the consistence of the vitreous humour.

Of the remaining eight, one was for injury, two for staphyloma of the ciliary region, two for staphyloma corneæ, two for "chronic glaucoma," and one for epithelial cancer encroaching upon the sclerotic. Mr. Dixon has modified the usual operation by first dividing the internal rectus, so as to leave a long stump of tendon to seize by, then dividing the optic nerve, after which the globe is turned out of the orbit; the remainder of the soft parts are separated. Mr. Bowman contracts the opening in the conjunctiva by a suture when the bleeding has entirely ceased. Amongst the pathological changes of the above globes the following may be mentioned:—In globes with staphyloma corneæ and several fistulous openings of long standing in the staphylomatous portions, the vitreous humour had a peculiar consistence; it was of normal amount and transparency, but when cut or lifted offered a more than usual resistance to the instruments. To venture a theory, its more fluid constituents had drained away, leaving its thickened though transparent framework.

Eyelids.—Two cases of injury by lime, producing adhesions of the palpebral to the ocular conjunctiva. In the one case the adhesions were divided with scissors, and their reunion prevented by the frequent introduction of a probe; in the other case, in the left eye, the whole of the palpebral edges were adherent to the globe, and the cornea exposed to the air covered by dry cuticle, of a grey colour; the adhesions were divided with scissors, so as to admit an artificial eye, which the patient at present wears with great comfort; in the right eye the adhesions were only partial, admitting the tears, and covering the cornea, which was transparent at the upper part; the non-adherent portion of the upper lid was inverted. The eyelashes were dissected off, and, by a second operation, the adhesions separated with scissors, the outer canthus enlarged to admit a speculum, and an artificial pupil made opposite the transparent part of the cornea, the adhesions re-formed in spite of many attempts at prevention, and the patient, when the lid is drawn upwards, can count fingers as he could before these operations.

Cornea.—In a case in which the upper part of the cornea was leucomatous and protruding, its lower part transparent, it was proposed to excise an oval piece out of the leucomatous portion, and extract the lens. On opening the cornea no lens