were carefully examined, their condition noted, and their weights recorded; and, with the exception of the brain, they were so far normal as not to call for comment. I shall therefore merely quote from my register the account of the appearances of the contents of the skull. Head: scalp thin, calvaria thickened; dura mater was not adherent to the bone, nor was it thickened. The state of the other membranes does not call for notice. On separating the hemispheres there was found to be a tumour the size of an orange in the right hemisphere; it was placed immediately above the lateral ventricle of that side. In consistence it was firm; it appeared encapsuled, and required no dissection to remove it from the brain. The tumour included the gyrus fornicatus and corpus callosum, or had displaced these and caused their atrophy; it lay rather more posteriorly than anteriorly. It did not cause any change in the appearance of the surface of the brain, and its presence could not be detected till the hemispheres were separated. The tumour weighed five ounces. Section of the brain showed no naked-eye changes other than atrophy of the grey matter. The arteries at the base were atheromatous. I examined a minute portion of this tumour, and found large, round, and spindle cells; but I was so much astonished at finding such a large tumour with such a short known period of illness, with such an onset and train of symptoms, that I asked my friend, Dr. Coats of Glasgow, to examine the tumour and give me a report upon it. I told him I had diagnosed sanguineous apoplexy, and that I was exceedingly surprised at the post mortem revelations. The following is the report with which Dr. Coats kindly furnished me:—

“The specimen sent is a pyriform mass, measuring, after preservation in alcohol, $2\frac{3}{4}$ in. $\times$ $2\frac{3}{8}$ in. $\times$ $1\frac{1}{4}$ in. It is very firm to the touch and generally smooth on the surface. A section having been made through the mass from apex to base, the cut surface is seen to present a somewhat varied appearance. The greater part shows a brown colour, and this presents frequently an appearance of partial disintegration, but without any absolute formation of cavity or cyst. Besides this brown substance there is a whitish structure which looks like fibrous tissue; this is especially seen at the surface, where there is an approach to a capsule formed by this fibrous-looking tissue; but it also extends at one place for some distance into the substance of the mass. Microscopic examination shows the layer on the surface to be composed essentially of spindle-shaped cells. This layer is not absolutely continuous, but covers most of the surface, and it is thin, attaining generally to about the thickness of the twenty-fifth of an inch, although sometimes extending considerably more. In connexion with this layer, but even more in the parts immediately beneath, there are frequently groups of large vessels, thin-walled and distended with blood. Beneath the spindle-celled layer the mass of the tumour is composed of a rather indefinite structure. There are many round cells, which to a considerable extent lie in masses separated by fibrous matter. This fibrous matter has, when the section is treated by ordinary methods, a vague structureless appearance. It runs among the cells forming a kind of basis, and often assuming greater proportions, so as to form strands dividing the masses. It has not, however, the aspect of wavy connective tissue, and on staining it shows no nuclei apart from those of the contained round cells. The appearance of this fibrous matter, suggested fibrine, and this view is completely confirmed by staining with Weigert's fibrine stain. This brings out frequently the finely fibrillated appearance of fibrine and shows that it extends intimately amongst the cells.”

Dr. Coats is of opinion that this has been a large blood-clot, which was undergoing the process of organisation. The stages of this process are similar to those in the organisation of a thrombus, as described and illustrated in Coats' Manual of Pathology, second edition, p. 70. After the blood has coagulated there is first a penetration and replacement of it by round cells and bloodvessels, this being the stage represented in the greater part of the present specimen. After this the round cells elongate and spindle cells are produced. The process extends from without inwards, and here the surface has alone got the length of spindle-cell tissue. It is very unusual for a coagulum to undergo this process in the brain, but it is also very unusual for a patient to survive after such a large hæmorrhage as this must have been.

Carlisle.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CONVULSION TREATED BY COMPRESSION OF THE CAROTID.

BY WALTER C. HEARNDEN, M.R.C.S.

IN the issue of THE LANCET of Jan. 2nd there was an annotation giving an account of Dr. Leopold Roheim's treatment of eclampsia by compression of the carotid. The following case occurred in my practice the other day, and from the rapid success of the treatment I think it worthy of record:—

A. H—, widow, aged sixty-one, had been under my care as a pauper patient on and off for some years suffering from chronic rheumatic gout. She was seized with influenza and had a severe attack of bronchitis, which made her very weak, and I had great difficulty in obtaining any nursing or assistance in feeding her. However, she was doing fairly well; when on seeing her on the 15th I found she had paralysis of the right side of the face, arm, and leg. I saw her on the following morning, and in the evening at half-past ten I was sent for to see her, as she was said to be dying. When I arrived I found her in a fit, which the attendant said had been going on for two hours. Her eyes were turned to the right, face and body twitching, and she was puffing away like a steam engine. I looked on it as a case of embolic plugging in the left hemisphere and hyperæmia of the right, as the eyes were turned to the right side; and, having Dr. Roheim's treatment fresh in my mind, I thought I would compress the right carotid. I found it rather difficult, the patient being very fat, the throat moving up and down in the convulsion, and the carotid beating with such force that it was difficult to prevent it running under the thumb. I used the thumb to compress, the rest of the hand getting power from behind the neck. In a few seconds only the twitchings began to cease, then the breathing grew slower and deeper, and in not more than a minute and a half or two minutes the face grew calm, the eyes regained their position, and there was an attempt on the patient's part to wipe the lips with the sound hand. I then left off the compression. For a minute or two the patient went on breathing calmly, then suddenly the eyes went up to the right, the face twitched, the breathing became again puffing, and the body was convulsed. I immediately compressed the carotid again as firmly as possible, and had the great satisfaction of seeing the patient in certainly less than two minutes come out of the fit, give me her hand, and pull herself up in bed, and, although dazed, still sufficiently clear to attempt to put out her tongue when told to do so. I left her to the nurse and she had no return of the fit. I know of no other treatment that could have been adopted in an emergency that would have so rapidly relieved the patient.

Leatherhead, Surrey.

“OCCLUDED OS AT FULL TIME.”

BY ROBERT S. COCHRANE, M.B. DUB., F.R.C.S.I.

UNDER this heading two cases are reported by Dr. Nash in THE LANCET of Jan. 30th. About a year ago I met one very similar, which may perhaps be worth publishing.

On the evening of Feb. 25th, 1891, I was called in with my friend, Dr. Atkinson, to the following case. A primipara, thirty years of age, in labour over twelve hours. Pains very frequent and severe. On examining, we found the head low down in the pelvis, completely covered by the uterus. Neither of us could detect any trace of an os; no thickening or roughness, or the least depression appreciable by the finger. The pains increasing and becoming more violent, we drew the patient over to the side of the bed, and introduced a large-sized Ferguson's speculum. Through it, and with the aid of a strong light, we were able to see a very slight indentation where we would expect to find the os. Keeping the speculum in position, we pressed a sound

against the spot, which soon admitted it, a few drops of blood escaping. The sound was moved round between the head and the womb. By degrees with the fingers we dilated sufficiently to get in a small Barnes' bag. Dilatation rapidly proceeded, the membranes were ruptured, and a healthy child was safely delivered with the forceps.

In this case, had the head not been low down in the pelvis, thus enabling us the more readily to use the speculum and detect the position of the occluded os, there seemed no alternative but to incise the uterus at its most dependent part.

Longford, Ireland.

A CASE OF ACUTE ORCHITIS FOLLOWING INFLUENZA.

By T. GORDON KELLY, M.D. DUB., &c.

IN connexion with the case recorded by Dr. Harris in THE LANCET of Jan. 2nd the following notes may be of interest.

On Jan. 3rd I was called to see a man, J. C—, aged thirty-two. He was complaining of sickness of the stomach, pains in his head, limbs, and back, and a slight nasal catarrh. His temperature was 102°·8°; pulse 120. I diagnosed the case as influenza, and put him on quinine, dilute hydrochloric acid, and bark, and a nourishing but plain diet. On Jan. 12th he had become almost quite well again, but had not left his room; and when visiting him again on the 13th I found him complaining of pain, swelling, heat and redness of his left testicle. Temperature 102°·4°. I gave him a smart purgative, and had the scrotum supported by a pillow placed edgewise between his thighs, and as the pain was very great I applied belladonna over the scrotum and along the groin. He got on well, and by Feb. 1st had become convalescent.

This case seemed to me to be one exactly similar to that recorded by Dr. Harris, since in this, as in his case, the patient never left his room, had no urinary troubles, and could not account for the swelling in any way. As regards the orchitis, I can only imagine that in some way the influenza brought it on.

Desford, Leicester.

CASE OF UNUSUAL MUTILATION IN CHILDBIRTH.

By J. M. BARBOUR, M.B.

THE following case is perhaps unique in the "accidents" of midwifery.

M. K—, an unmarried woman travelling alone in a compartment of a suburban train, was suddenly seized with labour pains. Feeling a protrusion from the vagina, she states she attempted with some force to deliver herself, and broke the presenting limb—an arm. In a moment of pain and frenzy she took a table knife from a tiffin basket, severed the limb above the elbow, and threw it from the carriage window. A few minutes after she alighted from the train, and walked half a mile home. When seen, an hour after this incident, a considerable quantity of arterial blood had escaped from the vagina into cloths and vessels, but an excellent pulse and an entire absence of pains hardly lent credence to her story. On examination the vagina was occupied by a ragged projection, which proved to be the "balance" of an arm presentation. The patient was placed under chloroform and much difficulty was experienced in turning, the management of a jagged stump greatly hindering manipulation. Eventually a full-grown, well-nourished male child was delivered dead, with the right arm severed about two inches above the elbow. There was no funis pulsation; the stump was pale and flaccid, with a general pallor of the entire skin. The uterus was douched twice daily with solution of perchloride of mercury, and the patient made a good recovery.

This case singularly illustrates the exemption from criminality where mutilation occurs before the child is free from the maternal passages.

West Cromwell road S.W.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

LONDON HOSPITAL.

FRACTURE DISLOCATION OF THE SECOND LUMBAR VERTEBRA; LAMINECTOMY; RECOVERY.

(Under the care of Mr. C. MANSELL MOULLIN.)

THE case is of interest from the way in which it illustrates an observation of Mr. Hutchinson that in fractures of the lumbar spine there is a possibility of recovery altogether unknown higher up in the region of the spinal cord, and also because it bears out the recommendation as regards treatment given by Thorburn for accidents of this particular locality—namely, that they should be left alone for a time to see how far spontaneous recovery will take place, and then, if this is not satisfactory, trephined before degenerative changes have advanced too far. In one point it differs materially from the majority of the cases he quotes. According to his observations, the nerves which emerge from the spinal foramina low down are always, or nearly always, more severely injured than those which issue higher up, and that in spite of the fact that while they are still contained in the spinal canal, they lie nearer the axis, and might therefore be expected to enjoy a greater degree of immunity. In this case, on the contrary, the one that suffered most was the second sacral, while the fourth must have escaped almost altogether. There was, it is true, retention of urine, but as it lasted only two days it can only have been due to shock; and though there was some doubt about it at first, certainly after he had been in hospital a week the external sphincter acted well. It is to be regretted that the cutaneous sensibility of the parts supplied by the pudic and lower sacral nerves was not noted. The nature of the injury does not admit of question: the second lumbar vertebra was displaced from the third. Probably as pure dislocation in this region is almost impossible, there was a fracture in connexion with the articular processes, but no evidence of it was obtained at the operation. The cord was above the level of the injury and escaped. So far as the nervous system was concerned, the whole of the violence fell upon the cauda equina; the nerves in the intervertebral foramina do not seem to have suffered. The conditions resulting from injury to the spine, for which Mr. Thorburn recommends operation, in addition to the injuries of the cauda equina, are meningeal hæmorrhage and impacted fracture of the lamina only. Much interesting information on this question may be found in his Jacksonian prize essay, as also in the papers by Gurlt,¹ Ashhurst,² and Werner.³

D. B—, thirty-eight years of age, a labourer, of average height and strength, was sent to the London Hospital on Jan. 7th, 1891, by Dr. H. C. Male of Grays, Essex, who also kindly forwarded the early notes of the patient. On Jan. 1st, while working in a chalk pit, a ledge upon which he was standing gave way, and he fell, with a considerable amount of debris, some five and twenty feet. He does not appear to have been buried or crushed in any way. For a few minutes he was unconscious; then he recovered sufficiently to sit up with assistance, but he did not make any attempt to stand—he felt he could not. His legs were completely paralysed, so far as motion was concerned; there was severe pain in his back, and what he described as pins and needles running down from his loins to his feet. A few hours later, after he had been carried home, he so far improved that he was able to move his right leg a little. Both legs felt numb; sensation was only slightly impaired upon the right side, but was almost lost upon the left.

Dr. Male, who saw him about an hour after the accident, finding there was considerable displacement, determined to

¹ Handbuch des Lehre von den Knochenbrüchen.

² Injuries of the Spine.

³ Die Trepanation der Wirbelsäule.