bromide and iodide of potassium for three weeks, but without any relief to the symptoms, the fits recurring as before. My colleague, Dr. Ross, then examined the patient with me, and as the case appeared to be one of traumatic epilepsy, due to irritation of the brain at the seat of injury, he recommended that the skull should be trephined at this spot. On Sept. 7th, 1887, the operation of trephining was performed with careful antiseptic precautions. The old scar was dissected up from the bone beneath, and, the pericranium having been reflected, a crown of bone the size of a shilling was removed at a point two inches and a half above and one inch behind the external angular process of the frontal bone. The piece of bone removed did not present any evidence of fracture, but was irregularly thickened and sclerosed, the diploë having disappeared and been replaced by dense, compact, osseous tissue; its outer surface was roughened, and at one point on its under surface there was a bossy elevation, a quarter of an inch in diameter, whiter in colour and of denser consistence than the surrounding bone. The exposed portion of the dura mater was rough and unduly adherent to the bone; otherwise it presented a healthy appearance; as it did not bulge into the trephine opening, and there were no evidences of intra-cranial tension, it was not incised, for it was thought that the irritation caused by the pressure of the thickened bone was sufficient to account for the symptoms. The wound was then closed, the pericranium being brought together with catgut and the scalp with silver sutures, and a small drainage-tube inserted. Healing rapidly occurred, with very little suppuration, the temperature never rising above 99°. On the eleventh day the patient was sitting up in the ward, and on the twenty-third day he left the hospital, there having been no return of the fits since the operation. About a fortnight later, however, they began to recur at irregular intervals, but in a very much milder form than previously, consisting merely of attacks of giddiness accompanied by pain in the head, but without any loss of consciousness, and, except on one occasion, without any twitching of the muscles of the face. These attacks gradually became slighter and less frequent, and since Jan. 1888, he has been entirely free from them. In the following April he was able to resume his occupation as telegraphist on the railway, and at the present time is in the enjoyment of perfect health, being as well as he was previously to the accident. The seat of the operation is now indicated by a depressed scar. There is no tenderness on pressure over it, and no pulsation can be detected.

Remarks.—As regards the explanation of the epileptic attacks, which were the secondary result of the injury to the head, it is probable that at the time of the accident, in addition to the wound of the scalp, more or less bruising or contusion of the bone beneath was also produced. This was followed by inflammatory changes in the bone, and probably also by some inflammation of the subjacent dura mater, in consequence of which the bone became thickened and sclerosed and unduly adherent to the membrane beneath. The result was that pressure was produced on the cortex of the brain, and this, acting as a source of irritation, gave rise to the fits from which the patient suffered. It is interesting to note that the fits commenced with twitchings of the facial muscles on the opposite side to that which was the seat of injury. According to the observations of different experimenters, the centre which presides over the movements of the face is situated in the lower and middle part of the ascending frontal, the lower end of the ascending parietal, and the posterior end of the middle frontal convolutions. Now the portion of bone removed with the trephine would overlie the posterior end of the middle frontal convolution, and the successful result of the operation is doubtless to be explained by the fact that the pressure upon the surface of the brain at this spot, which acted as a source of irritation, was relieved by the removal of the thickened bone. As the patient has now been free from any recurrence of the fits for a year, the cure may probably be regarded as complete and permanent.

Manchester.

THE DRUMSHORELAND COMBINATION HOSPITAL.—This new building, which has been erected to accommodate fever patients from the western parishes of Mid-Lothian and the eastern parishes of Linlithgowshire, and so relieve the Royal Edinburgh Infirmary, has been inspected by Dr. Graham Currie on behalf of the Board of Supervision, prior to its being licensed. The block, which is plain but substantial, cost about £1600.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

EXTIRPATION OF UTERUS DURING PREGNANCY FOR SUBPERITONEAL FIBROMATA.

BY MORE MADDEN, L.K.Q.C.P.I., F.R.C.S. ED., &c.

AT the Academy of Medicine in Ireland, on Friday, Feb. 1st, 1889, having first shown ovarian tumours recently removed at the Mater Misericordiae Hospital, I exhibited the uterus of a patient in the fourth month of pregnancy, in whose case I had been obliged to extirpate the gravid uterus on Jan. 30th. The laparotomy operation was primarily undertaken for removal of three large sub-peritoneal pedunculated uterine fibroids, the rapid development of which was giving rise to very urgent symptoms and great suffering, as well as interfering with the course of gestation. One of these tumours was of enormous size, and was with great difficulty dislodged from its deep pelvic attachments. On the uterus being exposed, its surface was found to be abnormally vascular and thickly studded over with fibromata in different stages of development, and hence its removal was decided on. The operation, in which I was assisted by my colleagues, Mr. Copinger and Mr. Hayes, as well as by Mr. M'Ardle of St. Vincent's Hospital and Dr. Duke, was performed in the manner usual in abdominal hysterectomy, little blood being lost, although it was necessarily protracted by the friable and unhealthy condition of the tissues, rendering it extremely difficult to securely ligate the ovarian and uterine vessels in the broad ligaments. The cervical stump was then thoroughly included in a peritoneal covering, which was dissected out and stitched over it. The abdominal cavity was washed out with warm water, and the ligatures brought out through a drainage-tube inserted in the lower angle of the wound, which was closed in the usual way. Immediately after the operation thirty-five drops of laudanum were given, the drug to be repeated in fifteen-drop doses every third hour subsequently. The patient was able to take milk and brandy freely a few hours after the operation, when the temperature was 100° and the pulse 140. She had a fairly good night, although little sleep was obtained. On the morning of the 31st her condition and aspect were fairly good, she was cheerful, and complained of little pain. Her pulse was strong (130); temperature 100.2°. In the evening there was slight tympanites; pulse 140; temperature 100.4°. On Feb. 1st her general condition was promising. She had passed a good night. Temperature 99.2°; pulse 120. The patient continued to go on well until the 3rd of February, when symptoms of peritonitis set in, and on the forenoon of the 4th death occurred, five days after the operation.

Dublin.

ON SYMMETRICALLY GROUPED COMEDONES.

BY E. MANSEL SYMPSON, M.B. CANTAB.

A CASE I have had under my care lately, very similar to those described by Dr. Wetherell in THE LANCET for Jan. 26th, may be worth recording.

A young girl, seen last year, had suffered from acne for several years. Then, and for some months past, there was a patch of skin with a number of comedones between the outer canthus of each eye and the cheek-bone. They could be removed easily, but their return was speedy. And it was remarkable that after eating anything which did not agree with her, drinking a little porter or stout (as her doctor recommended) or a glass of port, almost certainly a red flush came in that part of the face where these patches of comedones were, and was limited by their bounds. Arsenic had had little or no effect. I did not try sulphide of calcium, which has given me good results in several cases. I may add, as might be expected, that constipation was present. The flushings, symmetrical and localised, suggest an over-supply of blood to the sebaceous glands, tending to keep up an over-production of sebaceous material. In this way acne may depend directly on diet.

Lincoln.