like circumstances, and about which there is still much difference of opinion amongst surgeons.

F. P.—, aged twenty-three, a healthy and very temperate man, was brought to the hospital, in a partially unconscious state, on Feb. 4th, 1868, having fallen from the top of a high cart, striking his head against the pavement. He was completely stunned by the fall; but in a few minutes spoke to those around, wishing to remain quiet. A few minutes after the accident he was taken in a chair into a house, and left for a while. During the interval he walked by himself up stairs, undressed, and went to bed,—where he was found when the attendants went to look after him. About an hour after the accident he vomited his dinner, mixed with some blood. At this time he became unconscious, but was very restless, curling himself up in bed, and pulling the clothes over his head. Afterwards he became somewhat sensible, and was very obstinate in being dressed previous to being taken to the hospital.

The patient was brought in a cab to the hospital at 6.30 P.M. Directly he was taken into the surgery he began to vomit blood in small quantities, mixed with food and fluid from the stomach. The surface of the body was cold, with pulse 60, feeble, and he persisted in curling himself up, and pulling the blanket he was wrapped in over his head. The pupils were contracted, and sensible to light. On examining the head, no wound was found; but there was a distinct depression, about the size of a shilling, on the posterior part of the right parietal bone. He was somewhat conscious, and his face rather flushed. Ordered beef-tea and milk, ice to the head, and hot bottles to the feet. Reaction took place in a few hours, the body becoming warm, and the pulse rising considerably; breathing quiet. Late same evening: Pulse 80, feeble; breathing quiet; seems inclined to sleep.

Feb. 5th.—No more vomiting. Got out of bed to pass water. Complains of great pain in the head. Ordered croton oil, one minim, immediately; tartrate-of-antimony wine, twenty minims, every four hours.

6th.—No sickness. Pain continues. Bowels open freely. Surface of body warm.

7th.—Has had several fits during the day; left side convulsed. Passes motions in bed. Pulse 96, feeble. Fits continue. Catheter passed twice daily. Ten leeches applied to temples. Pulse 100. Right pupil dilated.

8th.—Pulse 84. Breathing inclined to be stertorous. Left arm paralysed. Pupils contract with stimulus of light. Has been taking tartrate-of-antimony wine, twenty minims, every four hours. Skin warm and perspiring. Violent convulsions every few minutes. (In the fits, the eyes are turned up and to the left; twitchings of face and whole of left side.) There was a consultation with Mr. Gay to consider the operation of trephining. Mr. Adams thought the symptoms of cerebral irritation probably depended upon some spicula of depressed bone, but as it was difficult to define the exact spot at which the trephine should be applied, it was decided to wait for further symptoms.

9th.—Pulse 96, very feeble. Pupils sensitive to light. Breathing quiet.

10th.—Pupils dilate thoroughly with atropine. Pulse 64. Fits continue every few minutes; conscious between them.

11th.—Pulse 96. He is unconscious. Fits continue.

12th.—Fits continue very frequent. Pulse 100. Conscious between fits. Refuses nourishment; does not complain of pain.

13th.—Pulse 120. Fits very frequent. Depression in parietal bone plainly felt. Unconscious between fits. Continues the tartrate-of-antimony wine every four hours.

14th.—Eight fits during the day. Pulse 120.

15th.—Pulse 100; conscious; only one fit, in which the whole body was convulsed.

16th.—Six fits during the night; passes urine; pulse 96; much better; quite conscious.

17th.—Left arm paralysed; still continues tartrate-of-antimony wine; sleeps much.

18th.—No fit; talks indistinctly; sleeps a good deal.

19th.—Very comfortable.

21st.—Improving; no fit.

23th.—Complains of being hungry.

March 5th.—Takes food well; improving fast; remembers nothing about the accident.

17th.—No bad symptom.

April 30th.—Discharged well.

This man was seen by Mr. Hopgood in December, 1868, and he continued in good health, and able to follow his occupation; but had had three or four fits, not, however, of a severe form. He suffered from headache after stooping, or if he took more than one glass of ale daily. He had never been subject to fits before the accident.

Clinical Records

OF THE PARIS HOSPITALS.

HÔPITAL LARIBOISIÈRE.

EXTENSIVE PERFORATION OF THE STOMACH, ATTENDED BY
PERITONITIS, WITHOUT ANY LOCALISED SYMPTOMS
DURING LIFE.

(Under the care of Dr. MILLARD.)

THE patient was a man of sixty-five years of age, and had led a tolerably comfortable life. On entering the hospital, on February 5th, there was general soft œdema, which extended to the face. The urine was normal, and the heart healthy. The patient had never had hæmorrhage. From what he said it was inferred that the disease had made its appearance four months previously: there was then a swelling of the legs, accompanied by general weakness, and this swelling had disappeared and returned at different intervals.

On examining the surface of the body, a large pemphigus bulla was discovered on the right leg, whilst the left showed a large, sore patch, probably due to pemphigus.

Feb. 20th.—For some days the patient has lost flesh, and has had excessive diarrhœa. With the increase of diarrhœa, the œdema has gradually disappeared, and the change thus produced adds to the emaciated aspect of the patient. The urine has been repeatedly examined, and no traces of albumen had been discovered.

21st.—The diarrhœa disappeared this morning, and returned in the evening. The patient passed water without knowing it.

24th.—Patient was in a moribund condition, the face being extremely emaciated. Death occurred during the day without being attended by any phenomenon worthy of being noted.

Post-mortem examination.—Abdomen: General peritonitis, with a great quantity of pus, and soft false membranes. Liver connected with the stomach by soft false membranes, which easily gave way as the liver was detached, and disclosed a perforated ulcer of the stomach, as large as a half-franc silver piece. On separating the stomach from the transverse colon, another perforated ulcer was discovered, of the size of a five-franc silver piece. No effusion of intestinal matter in the peritoneum. The liver and kidneys were in a somewhat fatty condition. The heart showed no signs of disease, except some milky patches on its surface. There was an emphysematous condition of the lungs. Thick false membranes covered the pleura.

HÔPITAL NECKER.

CÆSAREAN OPERATION POST MORTEM; BIRTH OF
A LIVE CHILD.

(Under the care of M. GUYON.)

THE patient, on being admitted into the hospital, was in a state of profound apathy, and could scarcely give any information touching her condition. As far as could be gathered from her random answers, it appeared that she first fell ill about ten days before. On being asked where she felt pain, she pointed to the stomach. She had scarcely any fever, very slight cough, abundant diarrhœa, no typhoid maculæ on the abdomen, and a furred tongue without sordes. Since the beginning of her pregnancy—which was approaching its end at the time of admission—she had had several fits of convulsions. She had never had any attacks before pregnancy. During the fifteen days she remained in the wards

the urine was examined several times without any traces of albumen being ever detected. Eight days after being admitted she had a convulsive fit. The attacks subsequently recurred four or five times before the death of the patient. They all took place in the absence of the surgeon and house-surgeon, but the sister of mercy described them as being epileptiform seizures of a somewhat violent character. At almost every attack the patient had fallen out of her bed, and during the whole time of the fit had remained insensible.

The last attack commenced at about half an hour before the death of the patient. She was in a moribund condition when M. Alling, the house-surgeon, saw her. The abdomen was carefully auscultated, in order to discover the foetal heart; but the pulse of the mother furnishing 160 beatings, it was impossible to make out whether the child lived. A few minutes after the death of the patient, however, the Cæsarean operation was performed by M. Alling and one of his colleagues, M. Molinier. At first the child gave no signs of life, but, on the ordinary means of resuscitation being resorted to, the heart began to beat, respiratory movements occurred, and the child uttered a cry.

The interesting points of this case may be summed up in a few words: the intense morbid condition of the mother; her repeated falls from the bed without causing any injury to her child; a protracted and violent agony, which extended over half an hour; and, notwithstanding the impossibility of detecting the beatings of the child's heart, the speedy determination to perform the operation, which was crowned with success. A few days after the child was sent into the country in the charge of a wet nurse.

We are indebted to M. Alling for the notes of the above cases.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, APRIL 26TH.

THE SYNTHESIS OF CATARACT.

WE had not space to analyse Mr. Jabez Hogg's paper last week, and now supply the omission. The author thought that it was scarcely possible for any synthesis to be more perfect than that of sugar cataract, and the important similarity which exists between the artificially induced and the natural disease is at once seen. Dr. Richardson had shown the universality of the subject. By saturating the blood with certain substances, as an alkali or sugar, a change is brought about in the tissues of the body; the eye shares in the derangement of function, nutrition is arrested, and saccharine or saline cataract ensues. Mr. Hogg proceeded to argue that in time appropriate medicines would be found for lenticular opacities. The author found that, upon burning the desiccated cataractous lens and viewing the spectrum, the sodium band seemed to be greatly intensified, as much as when metallic sodium is burnt; and this would seem to imply degeneration from excess of sodium salts. In Mr. Hogg's opinion, many forms of cataractous disease, besides those of the diabetic, are amenable to medical treatment; and if it be true that cataract is caused by a disordered state of the circulation, and at all times preceded by an inflammatory stage, then there cannot be a doubt of the propriety of attacking it in its earliest indications. Magendie long ago regarded the fifth nerve as very largely sharing in the nutrition of the eye, and thought that the loss of nutrition which takes place in cataract was owing to some abnormal state of this nerve, and led to the opacity; and that, therefore, medical treatment might be made available for the restoration of the lost nervous power. Bernard believes a change in the specific gravity of the fluids of the eye will produce opacity, and lays great stress upon the physiological effect of water in the organism; and these, with other observations of a similar kind, no doubt led to the practice of repeated evacuations of the aqueous, which Sir David Brewster and others thought might be the means of producing a more healthy secretion of fluid, and in this way remove opacities. Wardrop, half a century ago,

tried paracentesis oculi to remove cloudiness in the aqueous, which he regarded as a symptom demanding speedy relief "for the purpose of diminishing irritation and lessening pain and tension of the eyeball." The whole question is, no doubt, one of important surgical and scientific inquiry, and well deserves to occupy the attention of those whose professional engagements and scientific pursuits may afford motive and opportunity for such studies.

At the meeting on Monday last, the 3rd inst., the Secretary read a paper by Dr. Elliott, of Hull, "On the Effects of Tobacco and Nicotine on the Goat." In experiments he had made, he found that an ounce of shag tobacco eaten from his hand by a goat had no effect. He then injected beneath the skin of the neck ten minims of nicotine. Violent symptoms were produced in thirty seconds: loss of power in limbs, hurried respiration, muscular tremor, pulse rose from 80 and 90 to 160, death momentarily expected; but in twenty hours after the operation the goat was quite well again. Dr. Elliott considers that the complete loss of power when sensation was unaffected, and the heart's action strong, has a practical bearing, favouring the opinion of Professor Haughton, that nicotine is the best agent we possess for the treatment of tetanus and poisoning by strychnia. A second paper followed by Dr. Lowe, of King's Lynn, "On a Case of enormous Encephaloid Disease of Right Kidney."

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 7TH, 1869.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

(Concluded from page 570.)

MR. HYDE HOUGHTON read a paper on a Case of Hæmorrhage fatal in forty minutes. The patient, aged 45, was eight months advanced in her sixteenth pregnancy, and while engaged in hanging bed curtains slipped off the chair and fell to the ground. Profuse hæmorrhage from the vagina at once occurred; and before the author could reach her she had fainted and died. At the post-mortem examination the body generally was found well nourished, but in an exsanguine condition; uterus healthy; membranes not ruptured; placenta attached near the fundus. No trace of coagulum or spot of blood was found in the uterus. The os was occupied by a plug of mucus, which was unstained by blood, nor was there any blood in the vagina. The only trace, indeed, of blood that was found was a thin layer gluing the labia together. The author communicated the case to Dr. Greenhalgh, and that gentleman suggested that the hæmorrhage was probably due to a ruptured varix, and was not at all of uterine origin. And in this opinion the author agreed, although at the time of the autopsy the idea had not occurred to him. It was corroborated, moreover, by learning, as he subsequently did, that the patient had suffered from varicose veins of the thigh and vulva.

The PRESIDENT stated that he had seen, not long since, a case where a varix just within the vulva formed a considerable tumour during pregnancy, and which slight force would have ruptured. Once also, after delivery, he had seen considerable hæmorrhage from a varix which had been torn during the labour, and the source of the loss was at first by no means obvious.

MR. SPENCER WELLS and MR. WORSHIP referred to cases in which they had seen death speedily follow the rupture of a varix in the leg. In Mr. Worship's case death followed within five minutes.

A paper was then read by Dr. JAMES WYNNE of Guatemala on an inveterate Case of Ulcer of the Cervix Uteri cured by the application of Dr. Richardson's styptic colloid (communicated by Mr. Spencer Wells.) After giving a history of the case, and describing the means of cure adopted during a period of three years, without avail—these means including careful attention to the general health, and the repeated application, locally, both of the milder caustics and the more powerful escharotics—the author stated, that after reading an account in one of Dr. Richardson's lectures of the properties of styptic colloid, he had thought it might prove useful in this case. He therefore made use of it. Its beneficial effect was manifest from the first, and at the