The brain, prepared by Dr. Whitney with chloride of zinc, shows in the right hemisphere a subcortical, infiltrating tumor of softer consistency than the surrounding brain tissue, irregularly rounded in shape. It extends from under the middle of the fissure of Rolando downwards for about two centimetres, forwards through the ascending frontal convolution (ending at the posterior extremity of the middle frontal convolution), and backwards through the ascending parietal, its entire length being about three centimetres. The greatest depth of the tumor inwards is about four centimetres, extending nearly half-way to the mesial surface of the hemisphere, these measurements being taken after hardening of the brain. The edges of the tumor are in some places fairly well defined, at others quite indefinite, the tumor merging gradually into normal brain substance. It nowhere reaches the surface of the brain, approaching it at one point very nearly. The membranes were not adherent, nor in any way abnormal, the surface of the convolutions showing nothing distinctive. Microscopic examination by Dr. Whitney showed the characteristic appearance of glioma.

The post-mortem result shows that operation would have been unsuccessful, if attempted, although this could not have been determined during life, and the symptoms were those imperatively demanding the attempt; that is to say, we had to do with a tumor at or near the cortex, causing irritative, as well as paralytic symptoms, localized in character, and in a region well established as a motor centre, both by physiological experiment and by pathological observation. An interesting point with regard to localization is brought out by this case, in that the convulsion was ushered in by rotation of the head to the opposite side. The centre for this movement is not absolutely established in man, but in the monkey it has been shown to be at the posterior extremity of the superior and middle frontal convolutions. The tumor might easily have caused irritation of this region, or of the fibres proceeding from it, more especially the middle frontal convolution. Stimulation of the corresponding area in the monkey causes the eyes to open widely, the pupils to dilate, and the head and eyes to turn toward the opposite side (Ferrier). This practically took place at the commencement of the convulsion witnessed at the hospital. The eyes, however, were not rotated violently to the left, but looked in the direction the face was pointing during rotation of the head.

The case reported by Dr. Putnam at the same meeting tends to corroborate the view that the centre for rotation of the head is situated similarly in man and in the monkey.

A CASE OF PARTIAL RETENTION OF THE MENSTRUAL EXCRETION BY A MEMBRANOUS OCCLUSION OF THE OS UTERI.¹

BY A. D. SINCLAIR, M.D.

This lady was under my care for uterine disorder soon after her marriage, when she was twenty-one years of age. She became pregnant a year later, in June, 1887. Suffered severely from nausea and

vomiting for nearly three months. When near the end of the seventh month of pregnancy she had dimness of vision come on in the morning, and in the evening of the same day was seized with eclamptic convulsions, which occurred several times. Labor was induced, but by what method I am unable to state. She regained her general health in about six weeks, but some dimness of vision was complained of at the time of her first visit to me on the 13th of October last, when she consulted me about menstrual disorder. From the 25th of December, 1887, the date of her delivery, until about the same date in September, 1888, a period of nine months, her menses failed to appear, although she had sensation of being unwell from time to time, which gradually died away without any visible discharge. At this time she had a gush of blood from the vagina which lasted two, or maybe three hours. At the time of her visit on October 15, 1888, there was a slight, brownish, mucous discharge from the vagina. Her general condition seemed good. Appetite, bowels, sleep, and kidneys well. No complaint made of pelvic organs. On tactile examination, I found an enlarged and boggy cervix uteri, and a heavy uterine body. The examining finger was stained with a light brownish substance. The question of pregnancy naturally occurred to me. Specular examination revealed an unusual state of things—an orifice of the size of a cambric needle from which exuded a stringy substance which I at first mistook for the product of an abscess. Into this small opening I passed a small probe, at the same time pressed the speculum against the cervix uteri, with the result that more of the substance referred to was squeezed out. On further advance of the probe, I found that it entered freely into a cavity of unknown depth. I then made free incision with a bistoury, followed by a gush of four or even more ounces of a grayish, stringy fluid, mucus, and blood. I simply incised the occluded os uteri. The uterus measured over four inches in depth. The uterine cavity was washed out and the parts thoroughly cleansed by a solution of corrosive sublimate.

The after treatment of such a case was obvious, and may be summed up in the prevention of recurrence. It would seem to one not acquainted with the behavior of such cases that little else than that I had done was necessary. My experience is that of others, that the tendency to recurrence of occlusion of the os uteri in such cases is constant and demands care. The treatment consisted in dilatation with the uterine dilator, and by iodized phenol to the endocervix. The uterus is now three inches in depth, and the catamenia have become regular. The patient may need watching. Cases of this kind are not common, and in thirty years only four have come to my care. I shall be glad to learn from the experience of my associates in similar circumstances.

—The *Medical Record* says that in a London hospital a woman, sixty-eight years of age, with scirrhus cancer of both breasts had them both removed simultaneously by two surgeons, one on each side of the table. The whole operation lasted forty-five minutes, and after a short time she was discharged well.

¹ Read before the Obstetrical Society of Boston, Feb. 9, 1889.