observers believe the external surface of the dura mater to be the sole seat of fungous growths, exhibiting themselves in the form of a tumour on the exterior of the cranium. The disease, however, in some instances is developed in the cranial bones. The case of Dr. Marsden's was one in which the tumour sprung from the dura mater, and is analogous to one treated by Klein, who detached the tumour from the perforated bone, from which it was separated by a membrane, and was in vascularized connexion with the external surface of the dura mater above.

A tumour growing from the same seat was observed by Wedemeyer, and protruded, like the following case, *through the frontal bone*.*

Post-mortem examination of the head.—From the forehead there hung down two large pendulous cancerous masses, which lay over the eyes, nose, and upper half of the upper lip. On raising these up and removing one of them, the eyes were found sunk in the orbits, and the nose compressed laterally to a half of the original size; the nostrils were closed, and seemingly had not been in use for some time. The integuments of all these parts were white and soft, and though blanched and bloodless, were in other respects healthy. Whilst removing the cancerous masses from the forehead and scalp generally,—an operation somewhat difficult, from their putrescent condition, and the extreme heat of the weather,—a large abscess was opened into, situated over the right parietal bone; but in other respects the scalp was healthy, and neither the integuments nor the cranium were in any way involved directly in the cancer, or, in other words, formed any part of the disease. In the mesial line of the frontal bone, from the root of the nose upwards, the bone was found to be rough, as if from inflammation and the deposition of bony spiculæ. By means of a saw this portion of the bone was, therefore, carefully removed, extending from and including a portion of the frontal sinuses upwards to a point near the coronal suture. It was found to be roughened and thickened somewhat by the osseous deposit alluded to, but not otherwise diseased. Towards its left side, the saw divided an aperture in the bone about the size of a swan's quill. Protruding through this aperture from within outwards was a pedicle of the same character as the external pendulous fungous masses, connecting these latter with a cancerous tubercle laying imbedded in the outer layer of the dura mater—that is, the layer investing this portion of the bone. This tubercle had softened and given rise to the pedicle, and to the external cancerous masses, the fungus thus growing, as it were, from a foot-stalk. Three other tubercles, each about the size of a bean, were found imbedded in the dura mater in close proximity to the one which had softened. These were firm, and had made no progress; they were confined to the external layers of the dura mater at the angle of junction between the false and the parietal portion of the membrane. In other respects, and everywhere else, the dura mater, arachnoid, and pia mater, were quite sound. One of the tubercles, by pressing on the interior lobe of the left hemisphere of the brain, had caused a depression or indentation in its substance sufficiently large to contain a bean, and at this point the membranes (pia mater and arachnoid) were slightly discoloured (perhaps inflamed), and somewhat adhering; but neither here, nor in any other part, had the brain or its membranes suffered by the disease.

Thus was the fungus traced to the part originally struck, and it might be said to have been confined nearly to that spot. In the frontal sinuses there was a small collection of a matter strongly resembling the substance of the tubercles, but the lining membrane of these sinuses was quite healthy. The cribriform plate of the ethmoid bone was unaltered; this was examined carefully, a malignant tumour having once before been seen to spread from it into the interior of the cranium, compressing in its course the anterior lobes of the brain, and giving rise to madness and death. Nothing of the kind had occurred in this case, the fungous growth having made an exit for itself by perforating the cranium, and proceeding in its development by the formation of those cauliflower-looking masses, which, by hanging over the scalp and face, and undergoing a kind of putrefactive suppuration and ulceration, gave to the unhappy patient so frightful an appearance, which death did not remove.

Thus the disease was one of those rare cases of fungus originating in a cancerous tubercle, developed in the outer layers of the dura mater, and making its way through the cranium by an aperture originating in, or at least following, a blow, as Louis had long ago remarked, and proving all but wholly intractable. The immunity the patient enjoyed from cerebral symptoms was due, no doubt, to the cancerous tubercles occupying the outer layers of the dura mater, and to the readiness

with which the fungus had provided an escape for itself through the cranium, when developed in the inner layer of the dura mater, or between that membrane and the investing arachnoid. They are known to proceed inwards, and, by developing themselves towards the brain, complicate the other symptoms by the pressure and injury they cause to the brain.

The preparations illustrative of the case, including a drawing of the patient whilst alive, have been deposited in the museum of the hospital.

SOUTH LONDON OPHTHALMIC HOSPITAL.

CASE OF SUDDEN PRESBYOPIA IN A BOY TEN YEARS OF AGE.

(Under the care of Mr. HOLTHOUSE.)

WE avail ourselves of the following cases from the notes of Mr. G. Gill, the resident medical officer:—

E. R—, aged ten, a healthy-looking, fresh-coloured boy, was brought to the hospital on the 29th April, 1858, for impaired vision, which had come on suddenly a fortnight previously. He stated that while he was in school a cloud seemed to come over both his eyes, so that he could no longer see to read or write. This was accompanied by dark muscæ, which he still suffered from.

At present the boy cannot read the largest type, though he can distinguish the letters on a coffee-house sign on the other side of the street. The pupils are dilated and movable under variations of light, though somewhat more sluggish than natural. No other abnormal appearances are perceptible. The tongue is foul, and the countenance somewhat heavy. An emetic was ordered.

May 3rd.—The emetic acted well, but did not improve the symptoms. The pupil of one eye having been dilated with a solution of atropine, a dark purple hue was reflected from the bottom of the eye, caused probably by intense venous congestion. Two leeches were ordered to each temple, and two grains of calomel with eight of rhubarb were prescribed every other night.

10th.—The leeches bled well, and the powders acted freely, but there is no improvement of vision. The boy looks pale, he feels ill, and complains of pain in the abdomen.

The patient was not seen again till the 20th, having had measles in the interim, and lost a brother and sister from the same complaint. He now feels much better, and his sight he thinks a little improved, but he looks delicate and feels weak. Half a grain of quinine, with five drops of dilute sulphuric acid, were prescribed three times a day.

27th.—The patient looks and feels much better, and his sight is greatly improved. Repeat mixture.

June 3rd.—He is quite well, and sees as well as he ever did. He can read the smallest type with the greatest ease. Discharged cured.

PARTIAL LOSS OF VISION OF THE RIGHT EYE.

(Under the care of Mr. HOLTHOUSE.)

L. T—, aged forty-three, fruit porter, applied at the hospital, on the 9th of February last, for partial loss of vision of the right eye, which came on suddenly. On looking at any object with that eye, a black patch covered its centre, but there was "daylight all around" the patch. While waiting to be seen, he had amused himself in trying to read the large print on the walls of the hospital, and found he could distinguish black letters on a white ground, but not white letters on black. The pupil of the eye affected was sluggish in its movements, but dilated on closing the good eye. Atropine having been dropped into the eye, when the pupil was fully under its influence the patient said he saw better, and that the black patch had vanished, but there was a haze instead. The ophthalmoscope revealed no extravasation, but the vessels were numerous and much enlarged.

The man gave the following curious history of this attack:—Ten days ago, when he was about to rise in the morning, he felt very ill and uncomfortable on the left side of his chest, "as if his heart was bleeding," and at the same time there was a great throbbing at the temples and swelling of the veins of the head. Immediately afterwards he became insensible, and his friends told him on his coming downstairs three hours afterwards that he had had a terrible fit. He felt ill the whole of that and the following day, suffering from pain in the head and limbs, but did not perceive anything the matter with his eyes. The third day after the fit, on waking in the morning, whilst lying on his left side, he opened his right eye to see whether it was daylight, but found that he could not see with

* Walshe on Cancer, 1846, p. 505.

that eye; and on getting up he asked all his neighbours whether they saw anything in the eye, but nothing could be seen. He went about his work on this day, but narrowly escaped falling off the planks into the river whilst going from one vessel to another with fruit. A few days afterwards, on going to his nephew's to sew shoes, which he was in the habit of doing when not otherwise occupied, he found he could not see to do it; he could not make the hole with the awl in the right place, and putting the bristles through he "could not manage at all;" he therefore came at once to the hospital.

A blister was applied to the right temple, and ordered to be dressed with savine cerate. A gentle aperient was prescribed every other morning.

Feb. 20th.—The field of vision is becoming larger and the central patch less dark; objects can now be seen through the patch, indistinctly and coloured; white paper, he says, appears like very old paper. Both eyes were to-day examined with the ophthalmoscope: the vessels of the good eye are smaller than those of the other, and a something morbid is seen towards the outer side of the optic nerve of the bad eye; it has a glistening, micaceous appearance, as if a small quantity of blood, brain matter, and cholesterine were mixed together; this peculiarity is not seen in any other part of the retina. Ordered quinine mixture, one ounce, three times a day.

March 4th.—The vision continues improving, though a haziness still obscures the centre of all objects gazed at. He is now in good general health, and considers his sight nearly restored. He mentioned to-day that at the time of the attack he was suffering from a bad cough, and that during each paroxysm he was obliged to put his hand to his right eye and press it forcibly inwards, as it felt as if it would be forced out of its socket. The same sensation was experienced in the other eye, but in a less degree.

CLINICAL RECORDS.

CASTRATION FOR MALIGNANT DISEASE.

THE diseases which may lead to the necessity for castration, as given in Mr. Curling's work on "The Testis," are the different forms of carcinoma, incurable struma, abscesses, and tedious sinuses consequent on inflammation, and cystic disease. We have given clinical records of most of these from time to time; but the most common form which demands this operation is carcinoma, and not unfrequently the medullary form. We saw the right testicle removed on the 10th ult., at Guy's Hospital, by Mr. Cock, from a man twenty-five years of age, who was married, and the father of a family. His general health was good; but eight months ago he first noticed an enlargement, and this gradually increased, until latterly it has become rapidly much larger. There was no history of having received a blow, and there was no pain; there was a degree of fluctuation about it which indicated a surface of fluid. A needle was introduced a few days before, which gave exit only to a little blood. Mr. Cock suspected it to be malignant; for besides the suspicious character of the nature of the swelling, the cord was enlarged. An incision was made over it, and then a section into the body, when the gland was found to be completely disorganized from soft cancer. It was, therefore, removed, the vessels of the cord being tied before the tumour was detached. The cord consisted principally of a mass of tortuous veins in a varicose condition, but was not otherwise affected, and therefore held out a favourable prospect of cure from the operation.

In Mr. Coulson's case, the testicle was extensively diseased, as a result of inflammation, and removal was equally imperative, as in the foregoing instance.

THE CAUSE OF THE LATE FREQUENCY OF STONE.

Two other cases of stone in the bladder have come under our notice since the last observations we wrote upon this subject. One of these was in a child at the Royal Infirmary for Children, in whom the stone had passed from the bladder and got lodged in the urethra; it was removed by Mr. Cooper Foster by means of an incision in the perinæum, and a good recovery has been made. The other instance, also in a child, at Guy's Hospital, who had been suffering from the symptoms of stone for some time, but much aggravated latterly. Mr. Cock performed Allarton's median operation upon him on the 17th August, and removed an oblong quadrangular stone the size of

a horse-chesnut, the external coats being phosphatic, and breaking in the beaks of the forceps, whilst its bulk consisted of lithic acid. This child is doing well.

Now, the question has been asked several times, why it is such a large number of cases of stone have appeared at the various hospitals this summer to undergo relief by operation, and the best explanation of the fact we have heard from Mr. Cooper Foster at Guy's Hospital, which is to the effect that the continuous very hot weather which we have had this summer, much more so than for some years past, has produced unusual concentration of the constituents of the urine, from the large amount of cutaneous exhalations necessarily a consequence of the high temperature. All those persons, children especially, therefore, who have had stones in their bladders, have had their sufferings proportionately increased, and hence their application for hospital relief, when in many instances, where a calculus was not suspected, it has been found to be present, and the main source of the symptoms of urinary disorder. This explanation of Mr. Foster's also tells why so many small calculi were removed, because the symptoms owing to the warm weather brought the patient at a much earlier period under the notice of the surgeon. We should say in some instances the stone was remarkably small for the operation of lithotomy.

NASAL POLYPUS,

REMOVED BY A NEW FORCEPS.

A YOUNG girl, aged about sixteen years, had a nasal polypus of the right side removed by Mr. Gant, on the 9th ult., at the Royal Free Hospital, by an instrument which he had contrived, which presented some points of simplicity and interest about it. The girl had one polypus removed three weeks ago by the same surgeon. She had been a sufferer for a long time. None of her relatives, so far as she knew, had ever been subject to nasal polypi. The base of the polypus was readily seized with the blades of the forceps, and separated with ease. No pain attended the operation, and but very little hæmorrhage ensued. We would recommend them to the notice of surgeons.

Mr. Gant afterwards stated, that having somewhat frequently had occasion to remove nasal polypi, he had experienced some difficulty, and even danger, in doing so with the ordinary serrated forceps. It was an unsurgical proceeding to attempt to detach a polypus from the nasal fossa by twisting its peduncle. Not to mention the acute pain of such an operation, it is also ineffectual. If the polypus be soft as usual, it is apt to come away piecemeal, and require more than one operation for its removal, or should the polypus be harder than usual, we may accidentally bring away a portion of either spongy bone between which it is more commonly attached, or we may, perchance, injure the delicate septum narium. Surrounded, indeed, as a nasal polypus is by delicate bony structures, we can scarcely venture to wrench it away from its osseous attachments without some risk of injury thereto. This misadventure is followed by "carious disintegration" of the exposed bone, accompanied by a fetid and persistent discharge.

To meet these difficulties, Mr. Gant has recently invented a pair of forceps, which cut and hold at the same time. One edge of either blade is finished off somewhat like that of an ordinary scissors; the other edge is broad and rasped. This combination of scissors and rasped forceps is a modification of the grape or flower scissors of the conservatories. The danger of hæmorrhage, on which so much stress is laid in the books, as the main reason for twisting rather than cutting a nasal polypus, would seem to be an error. Very little hæmorrhage attended the operation we witnessed. It would seem that the forceps in question sufficiently compresses the bloodvessels to arrest hæmorrhage, and Mr. Gant particularly called attention to the fact, that operations with his instrument "were as bloodless as they were painless." Nor in his experience did nasal polypi so removed return.

The new forceps were made by Messrs. Weiss, and may perhaps prove applicable for the removal of polypi in other situations besides those which grow in the nasal fossæ.

TYPHUS FEVER AT CORDOVA.—The neighbourhood of Cordova has been visited by typhus fever, and amongst others 150 railway labourers have been sent into the hospital there. It appears also that leprosy has been affecting several districts of Spain; and that at Aldecona and Castellan, in the province of Tortosa, a number of cases are under medical treatment.