Clinical Notes, New Instruments, Etc.**INSTILLATION OF PURE CARBOLIC ACID INTO THE EYE.**

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Patient.—Miss L. W. called at my office April 11, in the forenoon, stating to me that she had got something in her right eye the evening before and that it was causing her much pain.

Examination.—I found a very small cinder located on the superior quadrant of the cornea on the temporal side.

Treatment.—After using a few drops of a 2 per cent. solution of cocain I removed the cinder very gently with a dull spud, and then flushed the eye with warm boric solution.

Further History.—About 6 p. m. of the same day I met her on the street and she told me that her eye was paining her considerably, and on inspection I found it very red and inflamed. I prescribed:

R. Cocainæ mur.....	gr. v	3
Acidi borici.....	gr. x	6
Aquæ dest.	℥ss	15

M. Sig.: Instil four or five drops into the eye every three hours. She used the medicine that evening and next morning.

At about 2 p. m. the next day she went into the bath room to instill the medicine into the eye and by mistake filled the dropper about half full from a small bottle containing pure carbolic acid and put at least four or five drops into the eye. In an instant she screamed so that her mother and aunt ran to her as quickly as possible and discovered her mistake.

I reached her in less than five minutes. I found the lids so edematous that I could hardly open the eye, but on doing so found the lower half of the cornea perfectly white, and the eyeball burned considerably. I used alcohol, followed by a 2 per cent. solution of cocain, and then applied atropin solution, three grains to the ounce, to avoid iritis. I kept both eyes bandaged, but removed the dressing twice daily and flushed the eye with hot boric acid solution and then used a few drops of 1 to 1000 solution of alphozone. The inferior portion of ball and lower lid were burned so badly that I had to use the film of an egg between the ball and lid to avoid adhesions, using also a very small amount of an antiseptic ointment, after the third day, at each dressing. A narcotic was necessary to relieve the pain. After the fifth day I allowed the left eye to remain open, but kept the right bandaged until the eleventh day, when I removed the dressing entirely and left the eye open. She has now, 20/20 vision in the eye, and no adhesion between lid and ball, and the eye looks as perfect as it ever did.

REPORT OF A BRAIN WEIGHING 2,069 GRAMS (73 OUNCES).

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Patient.—Mr. C. B., aged 42, died of meningitis, secondary to a chronic purulent otitis media. He was six feet two inches tall, weighed about 180 pounds, and was a lawyer by profession.

Autopsy.—The autopsy, performed five hours after death, by Dr. Corbett, showed a thick fibrinous exudate at the base of the brain which extended upward over the convex surface to and along the longitudinal fissure, the infection having entered the cranial cavity along the facial nerve.

The cord was cut at the foramen magnum. Without the dura the brain weighed 73 ounces (2,069 gms.). It was hardened in a 4 per cent. solution of formalin, and at the end of ten months weighed exactly 2,000 gms. (70.5 ounces). The cerebrum measured 19 cm. in its anteroposterior diameter, 12 cm. vertically, and 14.5 cm. in the horizontal diameter.

The average weight of the human brain, according to Quain, is 1,400 grams in the male and 1,274 grams in the female. In examining 559 male brains, Bischoff found 59 that weighed more than 1,501 grams and 18 that weighed more than 1,601 grams, and one that weighed 1,925 grams.

According to Wilder the heaviest non-hydrocephalic brain was reported by Thompson. This was the brain of a negro and weighed 1,983.8 grams (70 ounces). The brain of Cuvier is reported to have weighed 1,861 grams. Donaldson states that Cromwell's brain is said to have weighed 2,231 grams, and Lord Byron's 2,238 grams, but adds that there is a complete absence of collateral proof by which these records might be corroborated and much evidence positively opposed to the correctness of the recorded weights. The same writer states that the brain of Turgenieff weighed 2,012 grams. As a point in comparative anatomy it might be noted that the brains of whales weigh from 2,265 to 3,171 grams (5 to 7 pounds) and of elephants, 4,530 grams (10 pounds).

INSTRUMENT FOR INVAGINATING TIP OF APPENDIX.

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While it is impossible in all cases to adhere to an ideal technic in appendicectomy, it is generally admitted that where it is practicable invagination of the stump is desirable. In many instances, however, especially when the purse-string suture is placed too far from the junction of the cecum and appendix, the stump is not invaginated, but simply covered up with the peritoneum in the grasp of a suture applied in such a manner.

As performed, the invagination is usually accomplished with an ordinary pair of tissue or hemostatic forceps, which serve satisfactorily so far as invagination is concerned, but on drawing the purse-string suture taut, release of the forceps often becomes awkward, and sometimes difficult. Frequently the invagination is undone when the forceps are being withdrawn, owing to the increased pressure exerted on the appendiceal tissue within their grasp by the tension of the purse-string suture on the forcep blades.

Fig. 1.—Crushed tip of appendix held by light pressure ready for invagination. A and B, purse-string sutures.

Fig. 2.—Stump invaginated. Purse-string suture ready to tie. Forceps released from grasp by firm pressure on blades. A and D, purse-string sutures; B and C, junction of appendix and cecum.

To avoid this I have devised a simple, but most satisfactory, instrument, the nature and application of which will be readily seen in the accompanying illustrations.

In the technic used I would lay special stress on two points in the application of the purse-string suture:

First.—It should be completely buried, i. e., placed entirely subperitoneal, care being taken to catch up the muscular coat of the cecum at several places, but especially at the mesoappendix and white line points.

Second.—To go only such distance from the junction of the appendix and cecum as will give sufficient room for invagination. This distance is seldom more than one-fourth of an inch.

With this technic, primary ligature of the stump is not only unnecessary, but undesirable. The lumen is closed by a crushing clamp, which satisfactorily controls leakage during the invagination process, and leaves no bulky strangulated stump buried in the wall of the cecum.