WESTMINSTER OPHTHALMIC HOSPITAL.

A CASE OF DEATH BY CHLOROFORM.

WE have been favoured by Mr. Power with the following account, from notes taken by the late house-surgeon, Mr. Greenslade, of a case of death following the inhalation of chloroform in a patient who recently underwent the operation of iridectomy at his hands. We believe that the quantity administered, which was no more than a drachm and a half, is one of the smallest, if not the smallest, recorded fatal dose. It was administered with due skill, and inhaled without any struggling or other unfavourable symptom. The fatal issue, Mr. Power believes, was due to a direct paralysing influence on the heart.

The patient, Thomas R—, was fifty-two years of age, and had come up from Devizes for the purpose of having the right eye removed. On examination, it was found that the cornea was ulcerated, the sclerotic was inflamed, the iris dilated, and there was only a slight perception of light. Mr. Power thought that by performing iridectomy after the ulceration (which appeared to be of a rheumatic type) was healed, the man might still recover some vision. Accordingly he was treated with chinchona and small doses of the perchloride of mercury; and, the ulceration having healed in rather less than a fortnight, it was determined in a few days more to perform the operation above mentioned.

The patient walked into the room, and having lain down without assistance, a drachm of chloroform was sprinkled on the inner side of a cone of flannel, and he breathed it without struggling. Mr. Power himself ascertained that the pulse was quite regular and natural; and, after about a minute, he introduced the speculum, and the cone was removed from the face. On seizing the conjunctiva with the forceps some indications of pain were observed, and twenty minims more were thrown into the cone, which was applied only for a second or two, and again removed on the conjunctiva being seized for the second time. The patient now remained quiet, and the operation had been completed without difficulty, when he suddenly began to breathe stertorously, while the lips and face turned blue, and the sterno-mastoids became considerably contracted. He was at once turned on to his left side (according to the suggestion by Mr. Bader, of Guy's Hospital), cold water was dashed in the face, and artificial respiration on Silvester's method at once commenced. The result was for a time satisfactory; he began to breathe again, the livid colour left his cheeks, and hopes were entertained that all would soon be right. In a few moments more, however, the livid tint returned, and the veins of the neck and temples became much swollen. Artificial respiration was now maintained by Mr. Power with great steadiness and regularity, the tongue was held forward, and a galvanic apparatus was applied to the neck, the region of the heart, and the abdomen; flannels and vigorous frictions being simultaneously applied to the abdomen and legs. These proceedings were maintained for nearly an hour, in the course of which Dr. Hyde Salter, having kindly come in and auscultated the heart, had pronounced life to be extinct, the heart having absolutely ceased to beat. Artificial respiration was, nevertheless, maintained a short time longer.

Provincial Hospital Reports.

NEWCASTLE-UPON-TYNE INFIRMARY.

A CASE OF INJURY OF THE FEMORAL ARTERY.

(Under the care of Dr. HEATH.)

WITH reference to this case, Dr. Page, the house-surgeon, to whose notes we are indebted for the following account, observes that it would seem that the artery had been so injured by pressure against the bone, that either rupture of its internal coats ensued, or the vessel was completely divided; and that, whichever explanation be correct, it is remarkable, considering the nature of the accident, that the vein should have escaped uninjured; and

still more interesting that so large an artery should be thus obliterated without the formation of an aneurism.

Peter W—, an Irish labourer, twenty-three years of age, was admitted, in a state of collapse, a few hours after the occurrence of the following accident. He had been engaged in pushing a railway waggon along the line, when another heavily-laden waggon, moving slowly, caught him from behind, so as to jam him between the opposing buffers. The man fainted, and upon recovering his senses placed his hand upon his left groin, and discovered a large swelling.

On admission, Scarpa's triangle on the left side was occupied by a tense dark-coloured tumour, upon the summit of which, immediately above the brim of the pelvis, and over the course of the femoral artery, was a small wound, extending, however, no deeper than the skin. Around this wound the skin was of a dark-purple colour. The left limb was one degree lower in temperature than the right, and measured, over the most prominent part of the tumour, three inches and a half more than over the corresponding part of the right thigh. On the patient rallying, which he did very slowly, no pulsation could be detected either in the tumour or in the arteries below.

Two days later the left limb was found to pit on pressure from the ankle to above the knee. The patient had been kept under the influence of opium and fed upon milk diet. Eight days after admission it was noted that there had been a gradual improvement; the tumour had shrunk, and the œdema of the limb was subsiding. The darkened portion of skin around the wound gave way at its inferior margin, allowing some thin blood to escape. A Lister's abdominal tourniquet was applied over the common iliac, and left in a relaxed condition, ready to be tightened should any bleeding occur. On the eleventh day it was reported that thin blood and small clots had continued to escape. A piece of sloughing skin, of the size of a half-crown, surrounding the wound was removed, and a quantity of coagulated blood was turned out from a well-defined cavity about the size of a small orange. Upon the floor of this cavity, immediately above the brim of the pelvis, the external iliac artery could be felt pulsating powerfully, but below this point no pulsation could be felt in any of the vessels. In six weeks the cavity was rapidly filling up. Towards the end of the eighth week the wound had healed. The patient was carefully examined, but no pulsation could be felt in the left femoral, popliteal, or tibial arteries, though those of the right side pulsated distinctly. The patient was discharged well.

A woman upon whom Dr. Heath had operated for urethro-vaginal fistula has recently left the infirmary completely relieved. The operation was performed in the usual way, the pared edges of a rather extensive transverse fissure being retained in contact by means of silver-wire sutures only. Mr. B. Holt's winged catheter was introduced and retained in the bladder for eight days with marked benefit.

LA SALPÊTRIÈRE, PARIS.

(Cases under the care of Dr. CHARCOT.)

FOR the following report we are indebted to Mr. Nunn.

The enormous establishment known by the above name is an asylum or hospice as well as a hospital. It contains about 5000 inmates, exclusively females. Within its walls are collected the aged, the imbecile, the idiotic, the insane, the epileptic, the paralytic, the hopeless victims of cancer, and, lastly, an allotted number of the sufferers from small-pox. The date of our visit was soon after the outbreak of the present war; possibly the exigencies of a siege and the contingencies of a bombardment may have altered every then existing arrangement.

Dr. Charcot has specially devoted himself to the study of nervous diseases, and, as may be imagined, his clinique was chiefly directed to cases illustrating the pathology of the nervous system. Dr. Charcot pointed out some cases of joint-affection which he believed showed that consecutive to lesion of the nervous system arose mischief in the joints. In the *Archives de Physiologie*, No. 1, 1868, he has published papers "Sur quelques Arthropathies qui paraissent dépendre d'une Lésion du Cerveau ou de la Moelle Epinière." The

purpose of these papers is to describe certain phenomena which are occasionally to be observed during the progress of disease of the nervous centres. The influence of injury to the peripheral nerves upon nutrition, well known and obvious, he distinguishes from the effect of lesion in the nervous centres; and he divides into two groups the joint affections which respectively occur during the progress of locomotor ataxy, and in hemiplegia dependent on disease of one of the cerebral hemispheres.

We particularly examined one case in which spontaneous dislocation of the shoulder had taken place from this peculiar affection of the joints. The patient was between fifty and sixty years old. She appeared to suffer little inconvenience from the displacement. The case might be described as one of "cold" dislocation.

It is said that the invasion of the malady is marked by a general tumefaction of the limb, more visible about the region of the joint attacked owing to concomitant articular effusion. The oedema, tolerably firm at first, nevertheless soon subsides. This swelling comes on rather suddenly; there is an absence of feverishness, redness, and pain. These characteristics, together with the non-elevation of the temperature, serve to exclude rheumatism in considering the diagnosis.

Of the joints, the knees are most frequently affected; next, the right shoulder; more rarely, the elbow, the hip, and the metacarpo-phalangeal articulations.

More striking than the case of joint-affection was one of *spinal epilepsy*. The patient was over fifty years of age, very sallow and feeble-looking. On the bedclothes being removed, so that the cold air had access to the surface of the lower limbs, violent muscular contractions ensued, rendering the previous admonition to stand clear of the bed by no means unnecessary.

In a much younger woman an interesting form of nervous affection was illustrated. The movements of the arms did not appear to be disturbed until the patient endeavoured to perform some definite act: for example, on being requested to carry a glass of water to her mouth, she effected the initial movements fairly well; but when more exact co-ordination under the direction of the will was required, then the arm became convulsively agitated, and the water was thrown in every direction from the glass. Dr. Charcot stated that the prognosis in such cases was unfavourable.

A considerable number of cases of locomotor ataxy were pointed out, showing the variation in the degree of painfulness and in the extent of disturbance of gastric functions.

From the wards Dr. Charcot was kind enough to take us to the pathological work-room. We were shown a great number of sections of the spinal cord, prepared after the method of Dr. Lockhart Clarke. With the liberality of a true physician, Dr. Charcot paid the highest compliment to Dr. Lockhart Clarke's merits. With a one-inch object-glass we examined some beautiful specimens of sclerosis of the posterior columns of the cord, and of sclerosis of the brain. A section of the cord from a case of congenital club-foot exhibited a remarkable alteration or, more probably, deformity of the grey matter; the anterior cornu seemed to be wanting, or to be much dwarfed.

With the aid of photography and of higher magnifying powers marvellously perfect pictures of such morbid changes are being made; so that we in this country may hope to profit sooner or later by research in the unrivalled field of nervous disorders afforded by this gigantic Parisian hospital.

Medical Societies.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

JANUARY 18TH, 1871.

DR. P. D. HANDYSIDE IN THE CHAIR.

Dr. WATSON showed the following preparations:—1. A mamma which he had removed on account of medullary cancer. The interesting feature of the preparation was the presence of a simple cyst, the size of a small orange, which lay near the nipple, and was quite unconnected with the

malignant tumour. 2. The cicatrix of an incision of the mamma removed in its entire length on account of secondary scirrhus. 3. An epithelioma of the glans penis. 4. An epithelioma of bridge of nose. 5. Fragments of two calculi each crushed at a single sitting. 6. Small calculus removed by scoop lithotrite.

Mr. ANNANDALE showed—1. A recurrent fibroid tumour of three years' growth, removed from the neck of a lady, having vascular spaces scattered throughout its substance. Mr. Annandale named it "recurrent vascular." 2. A fibrous tumour the size of a pigeon's egg, removed from the back of the forearm, interesting as an example of symmetrical disease, the man having an exactly similar tumour on the corresponding point on the opposite arm. 3. Fragments of the frontal bone removed on account of depressed fracture. One sharp fragment, an inch in length, had penetrated the dura mater and passed into the brain-substance towards the base. The patient never recovered consciousness after the injury. 4. Fragment of left clavicle one and three-quarters of an inch in length, with sharp extremities, removed under the antiseptic spray. The clavicle was the seat of a comminuted fracture. The sharp fragment shown was fixed at right angles to the long axis of the bone, between the broken ends. It could not be reduced by manipulation. The result was most satisfactory. 5. Six inches of the extremity of a wooden rake-handle, sent to Mr. Annandale by Dr. Renton, of Shotley-bridge. The patient from whom this was removed slid incautiously down a stack against which the rake was resting. It entered the upper and inner part of the right thigh, inflicting a deep punctured wound. There was no appearance of any foreign body at the wound. A few hours after the injury the patient complained of retention of urine. On attempting to pass the catheter a hard substance was felt. It was also found lying across the rectum, and had punctured the prostate and base of the bladder. It was removed with ease by an incision similar to that used in lateral lithotomy. Peritonitis carried off the patient some days after the operation.

Dr. THIN, of Shanghai, read an interesting paper on "Sunstroke." He described a number of cases met with in an epidemic of sunstroke in Shanghai, in 1866. The symptoms were very various. In the worst cases, complete coma followed by speedy death; in others, coma for a few hours followed by complete recovery; in others, paraplegia lasting for some months was a common sequela; in some cases the attack could not be distinguished from the commencement of a case of continued fever, the feverish symptoms, however, only lasting for a week. The chief symptoms of the mildest and most frequent form of sunstroke are headache and a weak and compressible pulse. Dr. Thin directed special attention to the character of the pulse, and believed that by that symptom alone a diagnosis might often be confidently made. As to treatment, when the coma was profound, bleeding was resorted to; but in the great majority of cases, cold to the head and the administration of alcoholic and diffusible stimulants were the principal remedies. As regards the causation, Dr. Thin did not consider that the attack was to be attributed to great heat alone. He thought that the glare of the sun was also a cause; probably an atmosphere highly charged with electricity had something to do with the epidemic in Shanghai. All cases could be traced to direct exposure to the rays of sunlight falling on the head or nape of the neck. The pathology was not yet understood. Dr. Thin believed that the vaso-motor nerves of the vessels of the cranium were paralysed, followed in some cases by a similar affection of the same nerves in the spinal cord.

Dr. RUTHERFORD, Deputy Inspector-General of Hospitals, read a paper entitled "Remarks on Dr. Bennett's case of Hepatic Abscess, said to have been treated by Mercury." The author began by giving a short *résumé* of Dr. Bennett's paper read at the last meeting of the Society (Dec. 21st). Dr. Bennett narrated the case of a man, Nicholas H—, a discharged soldier, who stated to Dr. Bennett that he had been salivated three times in military hospitals in India during 1866-67 for abscess of the liver, that he had been again salivated at Netley on his return to this country invalided. When admitted to the Edinburgh Royal Infirmary he presented a broken-down cachectic appearance; he suffered from rheumatic pains in the joints, and was