arm left; a gummy secretion with a powerful smell and was followed by a bright red punctiform rash which lasted all day but caused little irritation. A gardener has told me that he has noticed his arms itching after moving the plants and that the gardener who gave them to him suffered from a severely inflamed face which was ascribed to an irritating soap but no doubt was due to the humea. It is well known that many plants like *Primula obconica* are irritants, but that *Humea elegans* is one of them was new to me and may be a warning to others.

Leatherhead.

NOTE ON A CASE OF SPONTANEOUS REDUCTION OF ACUTE INTUSSUSCEPTION.

BY W. GIFFORD NASH, F.R.C.S. ENG.

A MALE child, aged 11 months, between 12 and 1 o'clock midday on June 4th was seized with abdominal pain which caused screaming and great collapse. Vomiting occurred. I was sent for and saw the child shortly before three o'clock when I found him deathly pale and suffering from extreme collapse. On examining the abdomen a swelling could be seen passing from the region of the cæcum obliquely upwards towards the epigastrium. On palpation a firm sausage-shaped tumour three or four inches in length could be felt. I concluded that an intussusception was present and made preparations for immediate operation. Hot bottles were applied to the extremities and hot flannels to the abdomen. I saw the child again with my partner Dr. H. Savory at 4 o'clock and found him looking much better, having had a sleep. The lump could still be seen and felt, but was evidently smaller and during our manipulations it suddenly entirely disappeared. There was a history of looseness of the bowels on the previous evening.

This appears to be a case in which spontaneous reduction of an intussusception undoubtedly occurred. I am perfectly certain that an intussusception was present. The symptoms of severe shock were very marked and the presence of a very distinct elongated tumour was very easy to demonstrate to the relatives. No doubt the diarrhoea of the previous night led up to the occurrence of the condition. The reasons why the intussusception was reduced appear to me to be three: (1) the manipulations necessary to form a diagnosis acting on a very recent intussusception; (2) the occurrence of faintness and vomiting leading to relaxation of muscular spasm; and (3) the application of heat to the abdomen acting in the same way.

Bedford.

A Mirror OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

ROYAL FREE HOSPITAL.

A CASE OF EXPLORATION OF THE CEREBELLUM AND DRAINAGE OF A CEREBELLAR ABSCESS DURING ARTIFICIAL RESPIRATION.

(Under the care of Mr. E. W. ROUGHTON.)

THE symptoms of cerebellar abscess, when it is confined to a lateral lobe, are due only in part to the local damage to the cerebellar substance, for it has been shown many times both by experiment and by disease that destruction of a very large part of a lateral lobe of the cerebellum usually gives rise to very few signs or symptoms, while injury of the middle lobe produces the characteristic disturbances of equilibrium. The greater part of the symptoms resulting from cerebellar abscess are caused by pressure on the foramen of Majendie which obstructs the outflow of cerebro-spinal fluid from the ventricles. For the notes of the case we are indebted to Mr. Joseph Cuning, F.R.C.S., senior resident medical officer.

A boy, aged 17 years, was admitted into the Royal Free Hospital under the care of Mr. E. W. Roughton on April 2nd, 1902, complaining of frontal headache and pain behind the left ear. The patient had had a discharge from both ears since an attack of scarlet fever 10 years ago. Six days before admission he had received a "box" on the left ear and since then had had pain on the left side of the head and neck. He was able to work for three days but then he had to go to bed. Poultices were applied and the pain was relieved. On the fifth day he vomited each time after taking food and the pain became worse.

On admission the patient was very delicate, apathetic, very deaf, and quite intelligent, though slow in cerebration. The respirations were 17, the pulse was 48 and regular, and the temperature was 99.2° F. The urine was of specific gravity 1030 and contained no albumin, sugar, pus, or blood. There was tenderness over the left mastoid process and he complained of pain over the forehead, the left side of the head, and the back of the neck. From both ears there was a foul-smelling discharge. On the left side a quantity of thick epithelial debris was removed from the auditory canal and a perforation was seen in the membrane; no bare bone was perceptible. On the right side a small polypoid mass of granulations protruded through a perforation in the membrane.

The hearing was: right $\frac{1}{26}$ and left $\frac{0}{26}$.

The patient's condition continued to improve for eight days. His hearing became better, the tenderness over the left mastoid process disappeared, and generally he became brighter. The pulse-rate rose to from 50 to 58 and he had no more vomiting, but the headache, though not so severe, still continued. The temperature all this time remained at 98°. Then the headache became worse and he vomited once daily for two days. On the tenth day after admission he vomited four times. The temperature was 97° and the pulse was 58. His headache was worse. On the twelfth day the headache was very bad. He was still vomiting and now complained of giddiness. For the first time he was unable to lie on the right side as it increased the pain so much. The left knee-jerk was exaggerated; there was no weakness or paralysis of either upper or lower extremities. The pupils were equal and reacted to light, no squint or nystagmus being present. There were no fits or twitchings and there had been no delirium at any time. Cerebellar abscess was diagnosed and as Mr. Roughton was unable to come down he asked Mr. Cuning to operate.

Owing to the severity of the headache Mr. Cuning decided to shave the head and to prepare the scalp after the anæsthetic had been given. The left ear seemed to be the worse of the two and the tenderness when the patient was admitted to the hospital had been on the left side, though it had now disappeared. The left knee-jerk was also exaggerated. In spite of that the inability to lie on the right side had been such a marked feature during the day that it was determined to attack the right side. An injection of morphia (three minims) was given to minimise the amount of anæsthetic necessary. Mr. Sheffield Neave gave chloroform and it was noticed that after about half a drachm had been given the pulse increased in frequency to 120. After a drachm had been given the breathing ceased entirely, while the corneal reflex remained. The heart went on beating. As no attempt at spontaneous respiration occurred, artificial respiration was begun, the tongue being held well forward. The patient's colour remained good and artificial respiration was stopped to see if he would now breathe naturally, but he only steadily became blue, so artificial respiration was recommenced. As Mr. Cuning felt convinced that this condition was due to pressure on the medulla inhibiting the respiratory centre it was determined to go on with the operation. Having to prepare the scalp by scrubbing and shaving was the cause of a good deal of delay, and during this time Silvester's method of artificial respiration could not be kept up. In place of this Mr. Neave knelt on the table and kept up alternate compression and relaxation of the thorax with his hands. As this was not nearly so efficient it was occasionally necessary to delay the operation and to resort to Silvester's method till the colour improved.

A flap of all the soft tissues was turned down over the right side of the occipital lobe to expose an area below the superior curved line and behind the posterior border of the mastoid process, and a piece of bone was removed with a three-quarter inch trephine. The opening was well clear of both the horizontal and the vertical portions of the lateral