PRIMARY HÆMORRHAGE OF THE LATERAL VENTRICLE.

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PRIMARY hæmorrhages into the lateral ventricles of the brain are so extremely rare that their symptomatology possesses interest. I feel justified, therefore, in publishing the following case with the record of the autopsy:

Henry C—, aged sixty-one, Swiss. The man had been in rather feeble health, but had no special disease. It is not known whether he had had syphilis, nor are his previous habits known.

Four nights before admission he fell out of bed. He was picked up in a stupid condition and remained so until brought to the hospital.

On admission he was in a semi-comatose state, but could be roused; answered a few questions and even got out of bed and stood with some help. Heart and urine normal. His face was rather suffused; his pulse normal. His pupils somewhat contracted, but even. He could articulate and swallow. He had no paralysis, no anæsthesia, no rise of temperature on either side. His knee-jerks were normal. He lay quietly in bed most of the time. Two days after admission, his stupor was deeper and his temperature rose to 100.3° F. Next day the patient became comatose; temperature the same; breathing at times stertorous. On the third day the temperature rose rapidly and steadily from 101° to 105.5° F. The coma was profound, the breathing stertorous, and toward the last assumed a Cheyne-Stokes character. He died during the night, seven days after his attack came on. No paralysis could be noted at any time in face or limbs.

Autopsy.—Externally, body in general condition of obesity. Rigor mortis well marked. Heart enlarged; weight, sixteen ounces. Valves thickened. Pericardium contains normal amount of fluid. Lungs œdematous; numerous dense adhesions. Left lung very œdematous; right in condition of tubercular infiltration. Liver cirrhotic; small size. Kidneys, seven ounces. Slight chronic diffuse

nephritis. Stomach and intestines normal. Brain, weight forty-seven ounces. Hæmorrhage was found filling the right ventricle only, extending slightly through foramen of Monroe into third ventricle. The hæmorrhage was due to the rupture of a superficial vein in outer and anterior part of optic thalamus. A superficial area of tissue was torn up about two by two and a half inches in extent, involving the anterior and outer part of optic thalamus and outer and posterior part of corpus striatum. Blood-vessels of the brain greatly distended and showed chronic arteritis. Convolutions flattened. The amount of effused blood was about three or four ounces.

Remarks.—The chief characteristic in this case was *the stupor and mental sluggishness of the man*. He acted much like a person drugged with opium who wished to be let alone, and who could not and would understand questions put to him. The symptom is common in moderate brain compression from *the interior*, as in tumors involving the callosum and ventricles. The absence of hemiplegia showed that only the superficial parts of the basal ganglia were involved and that the capsule was intact.

TETANOID CONVULSIONS IN AN INFANT: OPERATION; RECOVERY.

The Centrall f. klin. Med. refers to Dr. T. R. Ronaldson's case in which a healthy child, normally born, but with an uncommonly thick umbilical cord, remained in perfect health until the ninth day, when on the eleventh day, tetanus developed. On examining the umbilicus it was found black in color and very foul-smelling. Symptoms of inflammation were not present. The convulsions occurred from time to time. During the intervals the child seemed to be well enough, and was able to take the mother's milk. The stump was washed several times daily with a sublimate solution and every precaution was used to prevent a recurrence of the attacks without avail. On the twenty-third day the author performed excision of the naval which was followed by a gradual disappearance of the seizures, they becoming less frequent from day to day and at the end of the seventh week, the attacks had entirely ceased and the child was perfectly well. There were no micro-organisms found in the excised umbilical stump. (Edingb. Med. Journal.) B. M.