death or its capability of being changed from a circular to an oval shape by simple compression of the sides of the eyeball, there was some correspondence in the *British Medical Journal* for 1880. Joll (vol. ii., p. 507) alleges that this is a sure sign of death; while Hunt, Fay, and Moore, in subsequent letters to the *Journal*, quote cases in which this phenomenon was observed during life. In all the cases in which this experiment was tried after death I found the shape of the pupil alterable by pressure, but the ease with which this was done was greater at a late than at an early period after death, and this whether the pupils were contracted or dilated. In one case during life (a child suffering from uræmic convulsions, and at the same time under the influence of chloroform) I found the pupil, which was moderately dilated, slightly altered in shape by pressure. Irregular contraction of the pupil after death was found in only one or two cases.

Giersch³ proposes as a test of death the removal of the aqueous humour by puncture of the anterior chamber. During life contraction of the pupil is said to occur immediately, while if the patient were dead there would be no change. As will be seen above, in the cases in which this was tried after death there was never immediate contraction, slight dilatation even occurring in one case. It did not, however, prevent the usual post-mortem contraction. Tidy and others describe the cornea as becoming hazy at a variable period after death, but usually at the end of from four to six hours, and this was what occurred in most of the cases observed. In one or two deaths from uræmic poisoning, however, the cornea remained transparent much longer than this, and in one case particularly it was observed to be quite clear at the end of twenty-four hours. This condition is probably analogous to what occurs in carbonic oxide poisoning. In this case the pupil did not respond to the action of substances at a longer time after death than usual. In the treatise by Fitzgerald, referred to above, some reference is made to the action of ergotine on the eye recently removed from the rabbit. He found that when simple instillation was employed the ergotine had no effect on the pupil, though the eye was bathed with the solution, but that if injected it caused contraction.

General conclusions.—1. In most cases the pupils are, at the time of death, dilated, the dilatation usually occurring within a short period of the fatal event. Dilatation occurring at an appreciable time after death is quite exceptional. This condition is essentially paralytic, and is independent of the state of the pupil during life, whether that is altered by drugs or by disease. 2. There is, in the great majority of cases, progressive contraction of the pupil developed after death. This varies within wide limits, both as regards its period of commencement and the degree of myosis attained. It usually begins within an hour after death, and continues for the next forty-eight hours. The contraction, which is often unequal in the two eyes, is independent of the action of light upon the eye and of the occurrence of rigor mortis. 3. The pupil is susceptible to the action of atropine after death for a period which probably varies in different subjects, but which may be as long as four hours when simple instillation is employed, and perhaps a little longer when the atropine is injected into the anterior chamber. The dilatation begins at about the same time after the instillation of the atropine as it does after instillation during life, but it differs from the dilatation occurring after the latter in that it is of less degree, and that the influence of the atropine passes off sooner and leaves the pupil to follow its usual course. 4. The instillation or injection of eserine after death produces contraction of the pupil, but the period after death during which it can act is shorter than in the case of atropine. 5. The instillation of ergotine after death has no effect on the pupil, but its injection into the iris or into the anterior chamber produces contraction of the pupil up till at least two hours after death. 6. Pilocarpine, injected into the dead eye, has a slight myotic action. 7. The removal of the aqueous humour after death does not affect the ordinary behaviour of the pupil. 8. Flaccidity of the iris during life is exceptional, but it is always present after death, and increases from the time of death onwards.

Glasgow.

³ Vierteljahrsschrift für Gerichtlichen Medicin, April, 1873; analysed in the Sydenham Society's Biennial Retrospect.

FOREIGN BODY IN THE LEFT BRONCHUS, EXPELLED AFTER FIVE WEEKS.

NO AFFECTION PRODUCED IN LUNG.

By SAMUEL WEST, M.D., F.R.C.P.,
PHYSICIAN TO THE HOSPITAL FOR DISEASES OF THE CHEST,
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C. E—, aged eleven years, was running along the street with a small piece of brimstone in his mouth. He drew a sudden breath and felt the brimstone slip down his throat "like a piece of pudding." He felt at the time a little pain at the level of the thyroid cartilage, but did not suffer from dyspnoea. Immediately after this occurred he began to wheeze, and two hours later to cough, though he had not been troubled with either symptom before. These symptoms increased on any exertion. Fourteen days later, the cough and wheezing having become worse, he was taken by his mother to a chemist, who first of all administered a purge, and a few days later inverted him and tapped his back for some time, but without result. When examined at the hospital he was found to have considerable wheezing over the whole left side of the chest, which expanded deficiently, and into which the air did not enter freely. In himself the lad looked and felt perfectly well, and complained of nothing except a little dry cough and the wheezing. The temperature was normal.

The boy was kept under observation, without treatment, for a few days, and on the ninth day after admission, while running about the corridor of the hospital, he felt his breath become suddenly short, and began to cough violently, when the piece of brimstone came up into his mouth. All the wheezing at once disappeared, and the lad was well. The piece of brimstone was an irregular wedge, about three-quarters of an inch long and a quarter of an inch in thickness at its largest part. It was unaltered, and when spat out was quite clean and unstained. It had remained in the left bronchus for nearly five weeks, and had produced no permanent effect upon the lung.

ANEURYSM OF THE COMMON CAROTID, CURED BY REST, IODIDE OF POTASSIUM, AND COMPRESSION.

By GEORGE D. MACKINTOSH, L.K.Q.C.P.I.

Mrs. T. P—, aged thirty-five, was first seen by me on March 27th, 1883. I found her to be suffering from a pulsating tumour on the right side of the neck, opposite the upper border of the thyroid cartilage. On palpation the tumour was found to pulsate in an expansile manner—that is to say, the pulsation was equal all round as far as could be felt. On pressure the tumour could be completely emptied, and when the fingers were removed slowly refilled again by several successive pulsations; it was evidently in connexion with the common carotid artery. On auscultation a distinct bruit was audible. The patient suffered considerable pain, both at the site of the swelling and in the face, of a neuralgic character. Mr. Henry Summerhayes, who saw the case with me on this occasion, fully confirmed my diagnosis of aneurysm of the common carotid at its point of bifurcation into the internal and external carotids. We prescribed in the first instance considerable doses of iodide of potassium, with complete rest in the recumbent position and a spare diet.

On April 23rd, there being but little improvement in the symptoms, and the pain being so severe as to necessitate the frequent hypodermic injection of morphia, I determined to try partial compression by means of a firm elastic collar with a cork pad attached, so arranged as to lie completely over the tumour and to empty it of blood, whilst the circulation was not greatly interfered with; at the same time the previous treatment was persevered with. After a week's use of the collar the patient professed herself greatly better, the pain being much less severe; but there was considerable pulsation to be felt through the pad; I therefore somewhat tightened the lacing of the collar, and this had to be done again and again at intervals of a few days. At the end of three months I removed the collar completely, as there was

A DEATH from what is stated to have been cholera took place at Dungannon on Monday after twelve hours' illness.