His mind was sufficiently clear to be able to give the following history, but his utterance was somewhat thick. Up to November 30th, 1872, he enjoyed very good health, but on the evening of that day he received a violent blow on the head with a poker, which made him insensible for an hour and a half. He had been drinking heavily for some days before the accident, and continued doing so for a few days afterwards. Up to Dec. 17th he had six or seven fits, which he describes as partly convulsive and partly shaking (rigors?). On that day he experienced for the first time loss of sensation and motion in the left hand and arm, and which gradually attacked the left leg. He was removed to a public institution, which, however, he left on Dec. 27th, 1872.

On his admission into the workhouse his bowels were found confined, tongue very foul, micturition voluntary. Ordered some black draught, beef-tea, and milk diet, and head to be shaved and kept cool by some evaporating lotion.

Jan. 3rd.—4 P.M.: Had a convulsive attack which lasted all night. Bowels open.

4th.—Was sensible at 1 A.M., but at 11 A.M. was quite insensible. Left pupil contracted, right one dilated.

5th.—Is sensible when spoken to loudly, but there is paralysis of the levator palpebræ of the right side.

6th.—Is quite sensible; right pupil widely dilated; tongue coated; bowels not open. To take some house medicine.

7th.—Slept well; is sensible when spoken to loudly; utterance thick; bowels open; beats bedclothes with his right hand; right pupil and eyelid quite paralysed.—11 P.M.: Stertorous and interrupted breathing; dilatation of both pupils; clammy sweat; died at 11.55 P.M.

Post mortem examination (Jan. 10th).—The body was well nourished. There were several white scars on the scalp, and one cicatrix of large size and stellate in form, situate in the centre of the mesial line, and apparently from a wound inflicted a month or six weeks before; the vessels of the scalp were very much engorged. On removing the calvaria the dura mater was found closely adherent to the bone at the spot inside corresponding to the one outside where the cicatrix existed. The membranes of the brain were found very much congested, and where the dura mater was adherent to the skull, there existed a patch of effused and organised lymph, about a square inch in diameter, on the top of the middle lobe of the right hemisphere, so closely binding the dura mater and brain together that it was found impossible to separate them. On cutting into the right hemisphere a large abscess was opened, out of which escaped about four ounces of pus. This abscess occupied the roof of the right ventricle, but did not extend down to it. The skull presented no sign of fracture or injury; the effusion of lymph was circumscribed and limited to the spot mentioned. The other organs of the body were healthy, although congested.

LIVERPOOL NORTHERN HOSPITAL.

A CASE OF POISONING BY STRYCHNINE TREATED BY HYPODERMIC INJECTION OF HYDRATE OF CHLORAL; RECOVERY.

(Under the care of Dr. DICKINSON.)

For the following notes we are indebted to Mr. C. Lyon Vasey, house-surgeon:—

A. C.—, aged sixteen, was brought to the hospital at about half-past five on the evening of the sixth inst., having, she said, swallowed some of Gibson's vermin-killer about half-an-hour before admission. This vermin-killer is sold in the form of a blue powder containing about half a grain of strychnine in each powder. Dr. Pugh, who saw her a few minutes after she took the poison, gave her an emetic of mustard-and-water, and had her removed to the hospital.

When admitted she was much excited and hysterical, and complained that her back felt stiff and her throat hot. Half a drachm of sulphate of zinc was administered, causing her to vomit about a pint of whitish fluid, apparently part of the mustard-and-water she had swallowed before she was brought to the hospital. About ten minutes after admission, twitching of the muscles, which was aggra-

vated by touching the patient, even when she did not know she had been touched, commenced in the limbs and back and rapidly extended over the body, increasing in violence and rapidity, until about twenty minutes after admission the whole body was violently convulsed, the back being slightly arched, the jaws firmly clenched, and the face livid, apparently from interference with the respiration in consequence of spasm of the muscles of the chest. The respirations were very slow and laboured, ceasing entirely when the patient was moved or touched. Pulse quick and sharp. An ounce and a half of solution of hydrate of chloral in warm water, a drachm of the hydrate to the ounce, was then injected as quickly as possible under the skin of the chest, limbs, and neck. When half an ounce of the solution had been injected, the spasm of the muscles of the chest and jaws relaxed, the patient being able to breathe freely and speak, and the face resuming its natural colour. By the time the rest of the solution had been injected, the patient was asleep and the spasms had entirely ceased, though for about ten minutes longer slight twitching of the hands and feet occurred when the patient was touched. During the night she slept well, but was rather restless, and once, about four hours after the chloral was injected, she woke up and vomited, and spoke to the nurse. The next morning she felt a little sick and vomited once, but in other respects appeared perfectly well. There has been no irritation in any of the places where the chloral was injected.

She remained in the hospital for five days, and was then removed to an asylum, as she showed symptoms of insanity.

HOSPICE MUNICIPAL, PARIS.

OPERATION FOR RECTO-VAGINAL FISTULA.

(Under the care of Dr. DEMARQUAY.)

IN the course of a recent visit to the wards of Dr. Demarquay, at the Hospice Municipal, we witnessed the above operation, some of the circumstances of which are of interest. The operation was very ably performed on a woman aged thirty-four years, in whom an incision had been accidentally made by a surgeon in operating for polypus through the recto-vaginal wall in about the situation of the mesial line.

Operation.—The patient was laid on the left side and put under the influence of chloroform. The duck-bill speculum was introduced into the rectum, so as to explore the region. This is quite an original feature in Dr. Demarquay's operations on the rectum; he always uses a small duck-bill speculum as being infinitely superior to the common speculum ani in affording light and space. The incision was then disclosed to the view, measuring about two centimetres in length, and easily admitting the operator's finger. Dr. Demarquay then slit the sphincter ani and rectum towards the coccyx with a bistoury. This was done with a twofold object—to give room for performing the operation, and to facilitate later the passage of the fæces, so that they might not bear too directly on the situation of the repaired fistula. Slight venous hæmorrhage being stopped, the patient was then placed on her back, with the pelvis overhanging the edge of the pad, and the legs well held up by two assistants. A duck-bill speculum was introduced, and placed against each side of the vagina, so that the lateral walls were widely stretched open. The lips of the fistula were then largely pared, Dr. Demarquay insisting on the importance of touching up the edges of the fistula over an extended surface. Arterial hæmorrhage was stopped by means of Kœberlé's pincers (with notches in the handle, so that the pincers hold on by themselves) and two ligatures. Seven sutures, with silver wires, were then applied; and, on the vagina being carefully washed out by means of an injection, the lips of the incision were seen to be nicely and exactly adapted. Whilst the sutures were being applied, a large duck-bill speculum, passed under the pubes, held the labia widely open, whilst a small sponge at the end of a pair of pincers was introduced into the rectum in order to hold up the lips of the incision, and to prevent the posterior wall of the rectum from being taken up by the needle.

The treatment consisted of warmth, absolute quiet, opium, and sounding for urine every six hours.