bruising the left eye. Pupils sometimes dilated, sometimes contracted; they retain their proper axis. Movement in the left arm is observed for the first time; recognition is evinced to loud and repeated questions; pulse same since admission, varying between 50 and 60, full, not compressible; surface of body moderately warm. After throwing himself about, pulse slightly increases in rapidity, but becomes weak and irregular. He was confined to bed by a sheet loosely passed round his waist; simple enema; extra nurse at night.

Fifth day.—On left side; still unconscious; eyes closed; breathing tranquil; mouth a little open; at times he moves about uneasily; there is a fixed frown. When told to put out his tongue, he puts it between the teeth, and no farther. There is frequently a muttering, though indistinguishable, after being disturbed; skin and pulse remain the same; sensibility of left leg markedly less than of right, but he moves the former when pinched. Blister behind neck; another sheet round legs.

Seventh day.—Two o'clock: Answers questions, but not rationally; pulse very slow, languid, and thready. Ordered five grains of sesquicarbonate of ammonia in an ounce of decoction of cinchona thrice a day.—Five o'clock: Pulse, though soft, is fuller. He has passed his urine voluntarily for the first time, calling for the utensil previous to doing so. Was permitted to take some bread and cheese, because he asked for it, also half a glass of ale. Port wine, two ounces, added to diet; enema ordered when necessary.—Ten o'clock: Pulse still further improved in strength; surface of body warm; patient sleeping calmly; pupils contracted.

Eighth day.—Distinguishes between agreeable drinks and medicine; assists in raising himself to take food, &c.; still restless, and has muttered to himself a good deal; pupils dilated, contracting when exposed. His urine is passed sometimes voluntarily, sometimes the reverse; the evacuations are involuntary. Temperature of body affected by very slight changes; pulse very sensible to any description of change in position, temperature, or to stimuli of any kind.

Twelfth day.—On right side; is dozing. He puts his tongue well out when asked to do so; he gives his right hand after an interval, when told, but not his left hand; he grasps firmly with the right hand, feebly with the left; he is conscious when the bowels act; his evacuations and urine are, however, generally passed in the bed. Pulse 60, feeble; skin cool.

Fourteenth day.—When told to do anything, he does it at once, giving both hands, and raising both legs. He is not so restless, except when moved about; he is more manageable. Surface of body warm and moist; tongue slightly furred, reddened at tip, but moist; pulse 60, regular, but feeble. There are slight excoriations over the right elbow, also over both the great trochanters. To take three grains of calomel thrice a day; blister to nape of neck.

Fifteenth day.—Patient lies on his back. There is a slight movement of the *alæ nasi* in respiration. He is perfectly quiet during examination. Pulse 64, stronger; respiration 16.

Nineteenth day.—Pulse 84, small and feeble. Calomel powders to be suspended; meat given; and two grains of sulphate of zinc thrice a day.

Twentieth day.—Arch of lower lip is obliterated on left side; right nostril is larger than left. When told to frown or to shut his eyes, he seems to have less power of left orbicularis; tongue is deviated slightly to left side. He is very restless, and when not asleep is constantly talking, and calling for different persons. When spoken to, he answers coherently and reasonably; he denies suffering pain in head or elsewhere; comments upon the nauseous taste of the medicine; suffers from flatulence; does not feel hungry or thirsty, only a little faint. Pulse 74, small and feeble; body warm.

Twenty-second day.—Pulse 76, small and feeble; he is more restless and noisy.

Twenty-fifth day.—Pulse 84, feeble; he is very noisy. All stimulants suspended; head shaved, and evaporating lotions to scalp; blister behind neck.

Twenty-sixth day.—To have twenty-five minims of Battley's sedative solution at night.

Twenty-seventh day.—The solution increased to forty minims; ice to head; blister to each calf.

Twenty-eighth day.—Pulse 88, feeble; head warm; left arm and leg colder than those on opposite side; patient is very noisy, and has illusions; he appears much depressed by his constant restlessness, and is hoarse with bawling.

Thirtieth day.—Pulse 84, full; he is very violent, throwing everything away from him, and dashing his hands against the walls; he has attempted to strike his attendants; his feebleness during the intervals of quiet is very marked. Nothing given in shape of stimulants or medicine; room kept at a high

temperature by means of a fire; body surrounded with blankets, and hot bottles applied to trunk and lower limbs; blisters of leg to be kept open.

Forty-eighth day.—Patient is now quiet; his intellect appears much affected; at times he recognises individuals, at other times not; he sometimes answers questions rationally, but at other times not; all violence and restlessness have subsided; he appears to be half witted. Ordered three grains of quinine thrice a day; nourishing food *ad libitum*; no wine or beer.

Fifty-sixth day.—Ordered one pint of beer per diem.

Fifty-eighth day.—Patient was discharged to-day. His condition was as follows:—Although still affected mentally so as to resemble a child in manner, he can recognise the persons who stand around him; he can remember the names of places with some difficulty; he can walk with but slight assistance; his powers of motion and sensation are completely restored; his appetite is good, as is also his temper; he speaks slowly, but distinctly; his senses are none of them impaired.

WESTMINSTER HOSPITAL.

COMPOUND FRACTURE OF THE SKULL, WITH PROTRUSION OF THE SUBSTANCE OF THE BRAIN; RECOVERY.

(Under the care of Mr. BROOKE.)

If the membranes of the brain are lacerated and the substance of the latter is protruded in compound fracture of the skull, the prognosis is very unfavourable, for usually a fatal result ensues. In the following case, where these serious lesions were present, with an extensive depression of the fractured bone, there was a remarkable absence of the graver symptoms, and a recovery took place.

For the notes of this case and the next one we are indebted to Mr. Rutherford Adams, house-surgeon to the hospital.

Harriet T—, aged nine years and a half, was admitted into the hospital on the 18th of June, 1861, at nine P.M., under the care of Mr. Brooke, with a compound fracture of the skull, caused by a fall from off the banisters upon a flag-stone some twenty feet below. When brought in she was in a state of semi-collapse, could neither move nor speak, and remained for some hours insensible. On examination, the anterior aspect of the skull corresponding to the junction of the frontal and parietal bones was found to be depressed for a considerable extent, with a wound above the right eyebrow, from which a considerable quantity of blood was making its escape, and a jagged portion of brain-substance hanging from the opening. Two pocket-handkerchiefs which the friends had placed on the wound were completely saturated with blood, and it was reported that she had lost a large quantity previous to their application. Mr. Adams, the house-surgeon, removed the protruded brain and further examined the wound, but could detect no loose fragments. A compress of wetted lint was applied, and the child placed in bed. There was now found, in addition, a fracture of the lower end of the radius, which was put up on a pistol-shaped splint. There was slight bleeding during the night. She continued unconscious until the next evening, and then answered rationally when spoken to. She complained a good deal of pain in the head and wrist. On account of the increasing heat of the skin, the head was ordered to be shaved and cold lotions applied. To have strong beef-tea.

For three days there was complete loss of appetite. On the third day her tongue was coated, the skin burning hot, and there was much fever, for which she was ordered a dose of castor oil; this acted freely, and by the evening the febrile symptoms had partially subsided.

From this time she continued to improve. The wound, which was dressed daily, gradually healed, and there were no symptoms whatever of compression. She left the hospital one month after the accident, almost recovered.

Since the foregoing notes were written it has been ascertained that she was taken into the country, where she now is, perfectly well.

SYMPTOMS OF CONCUSSION, AFTERWARDS OF COMPRESSION; EXTENSIVE LACERATION OF THE BRAIN-SUBSTANCE, WITH EXTRA-VASATION OF BLOOD.

(Under the care of Mr. HOLTHOUSE.)

H. B—, aged thirty-three, a brewer's drayman, was admitted at eight o'clock P.M. on the 4th of April, 1861. He had walked all the way from Wood's Brewery, in Victoria-street, to

the hospital, supported, however, by two of his comrades. He was unable or unwilling to answer any questions, but put out his tongue when told to do so. His pupils were contracted, his pulse 78. No external injury could be detected on examination of the head or any other part of the body, and there was no bleeding from any of the orifices. He was put to bed, and an enema of turpentine administered; shortly after which his bowels acted, and he got out of bed without assistance, and sat on the bed-pan, saying to the nurse who was proffering him assistance, "Leave me alone." These were the only words he uttered while in the hospital.

The patient was seen by Mr. Holthouse at ten o'clock the following morning. He was then lying on his back; his eyes were closed, his face flushed and congested, and he was perspiring profusely; the respirations were normal in frequency, but soufflant; the pulse 72, natural; the pupils neither contracted nor dilated, and not acting on the admission of light; the eyes were motionless, parallel with each other, and directed a little towards his left side; the belly was soft; the bladder empty, the urine having been voided involuntarily. On tickling the soles of his feet, vigorous reflex movements took place, especially of the right foot; but on raising the arms and legs, they fell of their own weight. The patient could not be roused by shouting to him or shaking him, and both motions and urine were passed under him. Sinapisms were ordered to the feet, and the head to be shaved.—Half-past two P.M.: He started up suddenly in bed, as if about to jump out of it, became black in the face, and his right arm and hand were firmly flexed and convulsed. This lasted for a few seconds only, and the house-surgeon, who was sent for, found that he had again sunk down into the bed, and was lying in the same quiet condition as before. He died calmly a quarter of an hour afterwards, and about twenty-two hours after the accident.

The history of the case, as obtained at the inquest, was the following:—He was riding on the end of his dray, in the Edgware-road, on the afternoon of the 4th of April, when he fell off, unperceived by the driver, who was sitting on the shafts. A passer-by having called the driver's attention to the accident, the dray was stopped, and the patient lifted into it, being at this time stunned and insensible. On reaching the brewery in Victoria-street, he had so far recovered from the stunning effects of the fall that he went about his usual work of lifting barrels in and out of the drays; but he was observed by his companions to look pale, though he would not confess to being ill. Having finished his work about half-past seven P.M., he became insensible, and was no longer able to answer any questions. Two of his comrades, therefore, led him to the hospital, where he arrived at eight o'clock, looking and walking like a drunken man. He did not, however, smell of liquor; and it was stated that he had drunk nothing since the accident.

Examination of the body forty-two hours after death.—The body was stout and well formed; rigor mortis; great lividity of the left ear from venous congestion; slight subcutaneous ecchymosis in each temporal region—most in the right, none in the substance of the temporal muscles; dura mater shining, distended, and purple from blood visible beneath it over the whole of the left hemisphere and the posterior half of the right. On cutting through this membrane, a large quantity of semi-coagulated dark blood occupied the cavity of the arachnoid over those parts of the hemispheres where it had been seen through the dura mater. The cerebral veins were much distended towards the posterior part of the hemispheres from gravity. On proceeding to remove the brain, the under surface of the anterior lobe, and the adjoining part of the middle lobe, on the left side, were found to be broken down, as if ploughed up by blood which here existed in great quantity. A similar condition of the brain-substance was met with in the centre of the middle lobe of this side, just external to the corpus striatum; surrounding which there was also much bruising. There was a good deal of blood in the sulci between the convolutions of the left hemisphere, and in the anterior and middle fossa of the base of the skull; but the right hemisphere was uninjured, and no blood was extravasated between its convolutions. The most careful examination of the bones of the skull failed to detect any fracture. Looking at the general distribution of the effused blood, it would appear to have first escaped from the vessels of the brain at the parts torn, and then to have forced its way into the sub-arachnoid spaces, and into the cavity of that membrane, spreading first over the left hemisphere from before backwards, and then over the posterior half of the right from behind forwards. The viscera of the chest and the abdomen were healthy, as were the bloodvessels of all the cavities; the heart was empty; the kidneys were much congested.

GREAT NORTHERN HOSPITAL.

DEPRESSED FRACTURE OF THE SKULL FROM A KICK BY A HORSE; CONVULSIONS; REMOVAL OF BONE; FATAL RESULT.

(Under the care of Mr. LAWSON.)

W. P.—, aged twenty, was admitted on the evening of August 11th. By occupation he was a groom, and was engaged cleaning a cart horse, when the animal struck out with one of his hind legs, and caught him with full force with his hoof in the centre of his forehead. He was taken up insensible, and in two hours' time was conveyed to the hospital. On admission he was quite unconscious, breathing deeply but not stertorously, and having strong epileptic convulsions every five or ten minutes. There was a jagged wound in the forehead, slightly to the left of the mesial line, of nearly three inches' extent, exposing an extensive fracture of the outer table of the skull, with one large piece of bone and several smaller fragments depressed. He was seen by Mr. Lawson soon after his admission, and he at once proceeded to remove the depressed bone. With the aid of the bone forceps and elevator, one portion of the outer table of the frontal bone, of about the size of a half-crown, which was wedged in, was removed, as well as several smaller pieces; but in removing one small depressed fragment near the upper and inner angle of the wound copious venous hæmorrhage ensued. So free was the bleeding, that it was evident that either the superior longitudinal sinus had been penetrated by a spiculum of bone, or else that a large vein of the diploe had been torn across, and that the piece of bone which was removed had for the time acted as a plug and checked the hæmorrhage. The inner table was found also to be depressed, but the blood poured forth in such quantities that Mr. Lawson would not remove it, as it was clear that if he did the blood would run into the cavity of the skull. No relief therefore followed the operation, and the epileptic convulsions continued, with only a few minutes between each, until four hours after, when he died.

Autopsy twelve hours after death.—On removing the skull-cap, the membranes were found entire, but towards the base of the brain they were somewhat separated from the bone. The longitudinal sinus was uninjured, and there was no blood effused within the cranium. There was an extensive fracture of the inner table of the frontal bone, and one large fragment was pressing on the membranes. The fracture also extended back along the roof of the left orbit, which was extensively comminuted, but in no part were the membranes of the brain at all lacerated. The brain, with the exception of being very much congested, was normal; there was no contusion of its substance apparent to the eye. The epileptic convulsions appear to have been produced solely through the irritation of the fragments of bone pressing on the membranes. The copious venous hæmorrhage was due to a tear of a large vein in the diploe, close to where it entered the superior longitudinal sinus.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 14TH, 1861.

MR. COULSON, PRESIDENT.

DR. EDMUNDS exhibited a specimen of

STRICTURE OF THE COLON.

The patient, a single man, of steady habits, aged forty, lost his father from carbuncle at the age of seventy, a sister from phthisis at thirty-seven, and a cousin from cancer of the mouth at fifteen; mother alive, but gouty, and the rest of the family healthy, but not robust. Five months ago the patient was attacked with febrile symptoms, recurring every week, attended by colicky pains, a feeling of obstruction, and of want of sympathy between the upper and lower bowels, and a sharp, fixed pain above the pubis; nausea and sometimes vomiting or dejection followed, and he was then quite well. A fit of obstipation occurred in July. He was treated with opiates and distensive nutrient injections, and after a few days passed a quantity of feculent