space of half an inch, approaching it from behind. Pressure on the artery arrested the pulsation in the tumour and emptied it. It had existed, or been noticed, for a period of six months. The day before I saw it it bled spontaneously and freely, when Dr. Burchell was called, and stopped it by the use of pressure and some styptic.

It was clearly an aneurism on the abnormally developed branch of the ranine artery; and with Dr. Burchell's help I proceeded to extirpate it, which I did with a few strokes of the knife, and with it a fair quantity of adjoining tongue tissue. The supplying artery bled freely, but was easily stopped by pressing one of the sutures, by which the edges of the wound were brought together through, or very near to, and across it. The wound healed, and no trace of the tumour remains.

I took the small piece of tongue to the College of Surgeons and carefully examined it with the help of Dr. Goodhart. The anterior wall had fallen in, and under the use of a fine scalpel disappeared altogether. We could find no trace whatever of either the sac or the supplying artery, but neither could we find any trace of any tissue foreign to the part, nœvoid or elastic.

I have ventured to record this case, on no other account than that of its being a local form of aneurism which is, I believe, very rare, and, indeed, of which I cannot find any prior account.

Finsbury-place South, E.C.

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.

ST. THOMAS'S HOSPITAL.

CASES OF FRACTURE OF THE SKULL.

(Under the care of Mr. SYDNEY JONES.)

THE two following interesting cases of fracture of the skull—for the notes of which we are indebted to Mr. S. Osborne, surgical registrar—have recently been treated at this hospital.

G. M.—, a child fourteen months old, was admitted into Victoria ward on July 6th, having been run over by a spring cart, which passed over his right leg and then over the right side of his head, causing contusion of the leg and a large effusion of blood beneath the scalp extending from the nape of the neck to the vertex. The patient was insensible; the pupils contracted; there was bleeding from the nose, but none from either ear; surface of body cold; breathing rapid; temperature 99.6°. The child vomited on admission, and again at intervals up to 12 o'clock at night. Ice-bag was applied to the head.

July 7th.—Morning: Temperature 100.2°; pupils still contracted; no strabismus; vomiting has ceased; skin warm.—Evening: Temperature 100°; patient quite conscious.

8th.—Morning: Temperature 100.2°; quite conscious; has again vomited several times; no twitchings.—Evening: Temperature 100°.

10th.—Child sitting up in bed and doing well. A fracture of the skull can now be distinctly felt, in a line with the sagittal suture, extending from the posterior fontanelle to the right side of the occipital bone, a portion of the bone on the right side being depressed. Pulsation of brain-substance discernible. Temperature normal.

28th.—Child shows no bad symptoms. The fracture is gradually closing up.

S. H.—, a child aged three years, was admitted into Elizabeth ward on the 30th of June, having received a blow upon the vertex of his head from the pointed end of a pickaxe. On admission the patient was partially sensible, surface of body pale and cold, pupils slightly contracted, breathing short. Temperature 97.6°. Much hæmorrhage

of venous character from a small wound over the sagittal suture, communicating with a fracture of the skull in that situation; longitudinal sinus laid open; probe passed within the skull for about a couple of inches, probably through the longitudinal fissure down to the corpus callosum; slight puffiness of forehead. Ice-bag ordered to his head; pad of lint placed over wound.

July 1st.—Morning temperature 99.6°; child quite conscious, and without any bad symptom; slept well during the night. Evening temperature 98.2°.

2nd.—Still going on well. Morning temperature 99.8°; puffiness of forehead has somewhat decreased.

19th.—Out of bed and running about.

20th.—Very restless during the night, calling out and being very fretful. Temperature, 9 A.M., 105° F.; quite conscious, but restless and drowsy; no paralysis or twitching; no sickness. Evening temperature 103.2°.

21st.—Morning temperature 103.4°; child still restless; no sickness or shivering; wound looks healthy; no hæmorrhage; slight purulent discharge; complains of pain, which is accompanied by swelling behind and below both ears; glands enlarged and tender along the border of ramus of jaw. Evening temperature 102.8°.

22nd.—Morning temperature 98.8°; passed a good night, and is apparently well.

25th.—Puffiness still remains about forehead; swelling in neck has decreased; child sitting up in bed. Temperature normal.

26th.—Morning temperature 98.4°. After having been visited by his friends, and in all probability stuffed with sweetmeats, the patient became very restless towards evening, and had a temperature of 103.8°.

27th.—Morning temperature 97°; child is again quite well and bright.—4 P.M.: Temperature 98°.

The patient has since made satisfactory progress.

SEAMEN'S HOSPITAL, GREENWICH.

RENAL CALCULUS, WITH PERSISTENT DEPOSIT OF CALCIUM OXALATE GRAVEL.

(Under the care of Dr. RALFE.)

FOR the notes of the following case we are indebted to Mr. A. Duncan, house-physician.

B. E. A.—, aged thirty-eight, was admitted March 28th, 1874, with the following history. About eight years ago he had a fall on his back, after which he passed blood for some days. This subsequently ceased, and the patient went to sea again. About three months after the injury he began to suffer from aching pain in the right loin, and on his return to England was admitted as an in-patient to the *Dreadnought*, where he remained four weeks. Since then he has been to sea off and on, and has suffered occasional pain in the loins, especially in the right. During the past winter, however, the pains have greatly increased. Two months before admission he caught cold, and then passed for a short time bloody urine. Finding the pain in the back increasing, the patient began to examine his urine, and found in it some "dark sand." The particles of the latter have recently increased in size. Previous to the passage of a larger particle than usual the urine becomes tinged with blood.

On admission he was suffering from acute pain in the right loin, increased when he lies on his back, and relieved by flexing the right thigh on the trunk. He looks old for his years; the hair is black and intermixed with grey, complexion pallid, general nutrition good. With the exception of the local trouble, he has always enjoyed good health, and has never suffered from dyspepsia or hypochondriasis. The urine is copious, of pale colour, of low specific gravity, with reaction slightly acid. The gravel is of dark colour, and consists of calcium oxalate, exhibiting no trace of crystalline form under the microscope, but composed of small spheroids aggregated together. No crystals of calcium oxalate were at any time deposited in the urine.

April 2nd.—Ordered fifteen drops of dilute phosphoric acid three times a day, ordinary diet, with five pints of liquid in the twenty-four hours.

11th.—Easier; has less pain when lying on his back. Deposit of gravel still continues. Average quantity of water passed in twenty-four hours, ninety ounces; specific gravity 1014, reaction acid.