a few days after, at her own desire, left the hospital, and thus observation of her case was broken off.

With regard to diet, the patient, during the thermometrical observation, was taking meat and potatoes, or fish with eggs and (at her own request) without butter, until June 3rd, when she had fish and beef-tea, occasionally eggs, but no meat. For the most part, three ounces of port wine were given daily.

On consideration of the tables the following points are noticeable:—

1. The high temperature and its uniform range in a case of active phthisis, the temperature during observation prior to the exhibition of the large doses of quinine being never lower than 100° F., and occasionally 101°.

2. The promptitude with which (see date May 22nd), on the exhibition of the ten-grain doses of quinine, the temperature sank to 99°, this range being maintained night and morning.

3. The same degree of temperature only being attained when the quinine was increased from ten- to fifteen-grain doses, except on one occasion (the morning of May 25th), when it fell to 98°.

4. The return of the high range of temperature on the disuse of the quinine, and even of a higher degree, as on three occasions it reached respectively 100·2°, 100·3°, and 100·4°.

5. The subsequent reduction of temperature to 99° on the quinine being given in twenty-grain doses night and morning, with only one or two exceptions, when it attained 100° and a little more.

During these fluctuations no proportionate modifications of respiration, of the pulse, or of the heart's beat, were found to exist.

KING'S COLLEGE HOSPITAL.

DISEASE OF THE ANKLE-JOINT; PIROGOFF'S OPERATION; RECOVERY.

(Under the care of Mr. HENRY SMITH.)

THE notes of the following cases have been forwarded to us by Mr. H. R. O. Cross, dresser.

E. L—, aged four, was admitted into the Wigram ward, under Mr. Smith, on May 25th, for disease of the left ankle-joint. He has been an out-patient for some time, and both local and constitutional treatment has been employed, without arresting the advance of the disease. On examining the joint, sinuses were found on both sides communicating with the interior; the ankle was considerably swollen. Mr. Smith decided upon operative interference, and performed Pirogoff's operation on June 1st. The operation was done in the usual way. The bones of the leg were not found much diseased, and only a thin slice of the tibia was removed with the malleoli. The surface of the bone exposed was found quite healthy. The flaps were brought together without dividing the tendo Achillis; the leg was put upon a back splint, and the stump strapped and dressed with red wash. The result is an excellent stump, which has now quite healed; the parts are in good position, and the patient is in good health and has done remarkably well.

STONE IN THE BLADDER; LITHOTOMY.

H. K—, aged seven, was admitted on June 14th into Victoria ward, under Mr. Henry Smith, for stone in the bladder. About three years ago he was noticed constantly pulling at his prepuce; he soon after complained of great pain after micturition; the urine was cloudy, and there has been a copious discharge of mucus and lithates for some time. He was seen by a surgeon in the country, who said that he was suffering from stone, and sent him into hospital. Mr. Smith confirmed the diagnosis, and on Saturday, June 22nd, performed the lateral operation in the usual way. The stone was large, about 1½ in. by 1 in. Mr. Smith first endeavoured to remove the stone with the scoop, but from the large size found it was impossible; he then easily extracted it with the forceps. Mr. Smith afterwards made a few remarks upon the operation of lithotomy in children, and dwelt especially upon the care and slowness of proceeding requisite in operating in such cases.

CENTRAL LONDON SICK ASYLUM.

CEREBRO-SPINAL ARACHNITIS, WITH CEREBRAL DISTURBANCE.

(Under the care of Dr. STRETCH DOWSE.)

A. G—, aged twenty-five, a woman of dissolute habits, was seized suddenly with general malaise, acute pain in the joints, accompanied with swelling and profuse perspiration. It appears that her health, previous to this attack, had always been excellent, but for two or three weeks before the commencement of this illness she had been compelled to submit to great privations and exposure to cold. She was admitted into the Highgate Infirmary on the 26th February, and died on the 31st day of March, 1872.

Upon admission her face was bloated; almost every joint was slightly swollen and very painful. She was extremely weak, and could not move without assistance. There was intense pain at the back of the head, extending down the spine to about the second dorsal vertebra, and for three or four days she was constantly vomiting; neither solids nor fluids were retained by the stomach; the bowels were obstinately confined, and both light and sound were intolerable to her. The skin was moist and the secretion had a sour smell and acid reaction. The pain of the head and spine was fixed, but that of the joints migratory and paroxysmal. In relation to the latter, it was always noticed that, independent of locality, after it had subsided or towards its subsidence, the skin became intensely red, and gradually, though in some instances rapidly, passed into a deep purple colour, and, as a rule, it disappeared as rapidly as it made its appearance. The intellect at this time was clear, the memory good, and the faculties perfect. The urine contained about one-third its volume of albumen (which subsequently disappeared), some renal epithelium and blood-cells. Temperature 101·8°, pulse 96, respiration 30 per minute. This state varied little for nearly three weeks, but towards the end of this period she became lethargic, and at times almost comatose.

On March 15th it was first observed that she had spasmodic twitchings of the facial muscles supplied by the portio dura. These were bilateral, and appeared to affect each half of the face, ultimately giving to the mouth most varied contortions; the scalp, occiput, and spine became intensely hyperæsthetic, and when the body was moved she cried out bitterly. There was no paralysis of either extremity; urine free from albumen; pulse 112; temperature 101·2°; respiration 26 per minute.

The following is the daily record of her condition from this up to the time of her death:—

18th.—Has passed a restless night; screams out violently with the pain at the back of the head when it is moved from the left side, where it is rigidly fixed; there is muttering delirium, general hyperæsthesia all over the body, and no control over the sphincters; both pupils are widely dilated, the right more so than the left; temperature 101·6°; pulse 112; respiration 27 per minute. There is a slightly convergent squint, both eyes being occasionally carried upwards and inwards.

19th.—Is quite comatose; breathes stertorously; temperature 100·2; pulse 127; respiration 32 per minute.

20th.—Is much better; consciousness has partially returned; mental faculties good; cries out bitterly when the head is moved.

21st.—Is perfectly conscious. Complains of pricking pain over the front and back of the head; lies upon her back almost motionless. When she moves the extremities the act is performed with marked slowness and precision, not indicating positive impairment of movement so much as a consciousness of the pain that an active or jerking effort always produces, and which is so remarkably characteristic of either an irritable or inflammatory state of the membranes of the cord. The pupils are widely dilated. There is no intolerance of light. When asked to protrude the tongue, she does so with marked slowness and difficulty, and complains of great pain about the mastoid cells and articulations of the jaw, so much as to interfere greatly with mastication, but the act of swallowing is unimpaired.

22nd.—Yesterday evening she became comatose, with stertorous breathing and floccitatio. This morning her condition is the same. The urine, instead of dribbling from

the bladder, is retained. There are clonic spasms affecting the whole body, but most markedly the lower extremities. Temperature 99°6', pulse 124, respiration 33 per minute.

23rd.—Consciousness has again partially returned; lies in a state analogous to between sleeping and waking. When roused complains of intense pain at the back of the head and down the spine. There is marked hyperæsthesia of the right upper extremity, and on either side of the neck, taking the course of the trapezii muscles. Both pupils are widely dilated. There are prolonged rigid spasms of each extremity, but their tonicities are more marked on the right than the left half of the body. Urine still retained; contains only a trace of albumen; is highly ammoniacal, loaded with ammonio-magnesian phosphates, cystic mucus, and epithelium.

24th.—In much the same state as yesterday. Of the two she is more conscious and sensible to impressions made upon anal sphincter; asked for the bed-pan; complains of much less pain when moved. Temperature 99°4', pulse 100, respiration 29 per minute.

25th.—Is quite conscious; talks rationally and coherently; the general cutaneous hyperæsthesia, and more particularly that of the right upper extremity, has passed off, leaving an hyperæsthetic state of the deep-seated muscles, which are acutely painful upon pressure. Tongue and skin moist; not a trace of albumen in the urine, which remains the same as on the 23rd. Temperature 98°2', pulse 100, respiration 28 per minute.

26th.—Has passed a restless night; mental faculties completely disturbed; talks irrationally. It is impossible to get her thoughts definitely localised; they are no sooner generated from a given point than the chain of connexion is broken up, and a new centre is brought into play, which has neither connexion nor correlation with the former. She bears pressure upon the eyeball without flinching. Temperature 101°6', pulse 130, respiration 35 per minute.

27th.—As yesterday.

28th.—Although in a lethargic, half-comatose condition, her mental state has decidedly improved, but in a given direction only. She is conscious of impressions conveyed by bodily contact to the sensorium, but is quite unable to appreciate their nature. Her memory is not absolutely defective, but the form of amnesia is associated with an aphasic connective, by which the words are misplaced.

29th.—To-day she has been suffering from a series of clonic convulsions; whilst lying passively upon her back with the eyelids partly closed, a sudden and momentary spasm shakes every muscle of the body, producing mental agitation and distress; it appears to arouse her to fleeting consciousness only to return to a comatose condition.

31st.—Temperature 99°; pulse 160; respiration 45 per minute, the latter hurried and irregular; mucous râles heard all over the chest; heart's action confused, the second sound partially obscured at base by a diastolic murmur; the face is covered with big drops of sweat; there is no rigidity or contraction of the extremities, which lie passively and powerlessly extended. About three hours before her death profound coma with deep stertor came on rather suddenly. The face and lips became cyanotic, and she expired, apparently from apnoea.

Autopsy, about twenty-four hours after death.—When the calvaria was removed the dura mater presented a natural appearance, save that the vessels were engorged with black blood. It was removed with ease, and there was no adhesion to the arachnoid beneath it. The surface of the cerebral convolutions was of a dull though deep red colour when viewed superficially, but when more minutely examined the depth of colour was found to be due to the engorged condition of the minute ramifications of the capillary vessels of the pia mater, and the brain-substance was of a pinkish red tinge (only superficially). Upon exposing the base it revealed most beautifully the progressive work of inflammatory disease, extending from the optic commissure in front over the crura cerebri, pons Varolii, and medulla oblongata to the cord behind. The arachnoid membrane was completely changed in structure; instead of being translucent it was dull white and opaque, varying in thickness in different parts; in some places it appeared to be converted into fibrous tissue, and in others it consisted of soft fibro-corpuseular material. This change in the arachnoid was not confined entirely to the parts just mentioned, for over the whole surface of the cerebrum and

cerebellum it presented a slight degree of opacity, which was not observable immediately the brain was removed, from the skull; but after it became dry it was most distinct, more along the course of the veins and where the parietal surface bounded over from one to another convolution. The only place where the pia mater had undergone absolute change was in the velum interpositum. This vascular network was of a dark greyish-black colour, interspersed with patches of organised lymph. The third and fourth ventricles were full of fluid. The lateral contained scarcely any. The choroid plexuses were of their natural red colour.

HUDDERSFIELD INFIRMARY.

CANCEROUS GROWTH IN THE ANTERIOR MEDIASTINUM.

(Under the care of Mr. CLARKE.)

THE notes of the following case have been forwarded us by Mr. Wm. Robert Smith, house-surgeon:—

J. F.—, a mason, aged thirty, was admitted into the Huddersfield Infirmary on March 8th, 1872, suffering from great dyspnoea, with difficulty of swallowing, and some pain in the chest, extending down the arms, particularly the right.

He stated that he had been quite well up to six weeks ago, when, after lifting a heavy piece of stone, he noticed a swelling in his neck, and at the same time he complained of pain of a dull aching character, which seemed to start from the upper part of his chest and spread down the right arm. From that time up to the present he has been gradually getting worse; his breathing becoming embarrassed, with partial loss of voice, and dysphagia increasing.

On examination the chest and arms, especially the right, were found very œdematous, and the superficial veins were much enlarged. There was, however, no swelling of the legs, nor were the veins in the lower part of the body enlarged. The tongue was slightly furred, but there was no derangement of the digestive organs. Pulse 80, equal on both sides. The left shoulder was lower than the right, and there was some flattening below the left clavicle. Movement of the whole left side was deficient. There was no bulging of the chest-walls in any place. The whole of the left side was dull on percussion; on the right side, absolute dullness from below the clavicle to the upper border of the fifth rib; the right back fairly resonant; the left dull. At the right apex tubular breathing was heard, and in the supraclavicular region a murmur, as if produced by pressure. On the left side the respiration was deficient.

In this case it was at once evident that the mediastinum was occupied by a tumour compressing the trachea and œsophagus, and also interfering with the circulation. But as to what the growth was there seemed great room for doubt; the absence of cardiac murmur, thrill, or pulsation being against the belief that aneurism existed, whilst the history of the patient (all his symptoms coming on after some great exertion) seemed to make it probable.

The patient got gradually worse, the breathing becoming more and more oppressed, the œdema and pain much increased, the voice nearly lost, and swallowing almost impossible. He died exhausted March 22nd.

At the post-mortem examination, on opening the thorax, a large solid mass of a carcinomatous nature was found extending over the whole of the upper part, being closely connected with the left lung, and adherent to the right pleura. The right lung was congested, and pleura adherent; left lung very much contracted, and firmly adherent to the chest walls and the cancerous growth. Pericardium not implicated; contained a large quantity of grumous serum. The heart healthy. The mediastinal glands were much enlarged. In the liver and pancreas were several masses of cancer. Kidneys and spleen healthy.

MAISON MUNICIPALE DE SANTÉ, PARIS.

(Cases under the care of M. DEMARQUAY.)

IN the course of a visit which we paid a few days ago to the surgical wards of the above hospital, M. Demarquay kindly showed us, or related the details of, various cases of interest.