

7th.—The whole of the left side of body is paralysed ; the patient has not spoken at all to-day ; urine and motions passed involuntarily. Morning temperature, 101·8°; evening, 100·4°.

8th.—The hernia cerebri is increasing in size, otherwise the patient remains much the same; twitching of muscles of the face and of the right side of the body. The protruded portion of brain is inclined to slough, and is dressed with carbolised lint.

9th.—No change; has been unconscious since the 7th. Profuse watery discharge from left ear.

10th.—The portion of brain which had sloughed was cut away. Morning temperature, 102°; evening, 100·6°.

11th.—Remains in the same condition; the convulsive twitchings still continue; no decided convulsion; breathing quick. Morning temperature, 100·6°.

12th.—Died quietly at 12.15 P.M.

*Autopsy.*—A portion of the anterior inferior angle of the right parietal bone and of the adjacent angle of the frontal bone had been removed, leaving a gap 2½ in. long by 1½ in. wide. A small portion of the upper part of the squamous bone was depressed and broken off from the remainder. The opening led into a cavity containing puriform matter and débris of brain-substance, situated in the third frontal

convolution of the right side. The brain was otherwise quite natural; no inflammation of meninges. All the other organs of the body quite healthy.

HOSPITAL FOR WOMEN, SOHO-SQUARE.

CASES OF OVARIOTOMY.

SUBJOINED is a statistical table of the cases of ovariectomy performed at this hospital during the past year. As will be seen, the table shows the date of operation, the number of each case as reported in our columns, the result, and the cause of death in the fatal cases. The list has, moreover, been so drawn up that all the cases by the same operator have been grouped together, and the average numerical results subscribed. In the 10 operations performed by Dr. Alfred Meadows there were 3 deaths, giving an average mortality of 30 per cent. In 9 operations by Dr. Heywood Smith there were 6 deaths, giving an average mortality of 66·6 per cent.; of the remaining 4 cases, 3 were successful, but the fourth (under the care of Dr. Edis) died from malignant disease of the pelvic viscera. Altogether, there were 10 deaths out of a total of 23 cases, giving an average mortality of 43·47 per cent.

Date of Operation.	No. of Case in Report.	Name of Patient.	Result.		Name of Operator.	Cause of Death, &c.
			Recovd.	Died.		
January 25th...	1	Caroline C.	1	...	Dr. Meadows	
March 29th ...	3	Emma S.	...	1	"	Colloid degeneration ; peritonitis.
April 26th ...	4	Harriet A.	1	...	"	
May 3rd ...	5	Mary L.	...	1	"	Very broad pedicle ; peritonitis.
August 6th ...	10	Sarah D.	1	...	"	
November 1st...	14	A. W.	1	...	"	
November 15th	15	E. K.	1	...	"	
December 6th...	17	J. G.	...	1	"	Adenoid cyst ; ascites ; general peritonitis.
December 22nd	21	Sarah B.	1	...	"	
December 27th	22	C. S.	1	...	"	
—	—	—	7	3*	—	—
February 1st ...	2	Jane H.	...	1	Dr. Heywood Smith	Large suppurating cyst ; exhaustion.
May 10th ...	6	Alice C.	1	...	"	
August 2nd ...	9	Jane J.	...	1	"	Suppurating dermoid cyst ; peritonitis.
October 25th...	13	H. H.	...	1	"	Peritonitis and exhaustion.
November 15th	16	Mrs. W.	1	...	"	
December 6th...	18	C. E.	1	...	"	
December 13th	19	L. S.	...	1	"	Peritonitis.
December 16th	20	A. G.	...	1	"	
December 20th	23	Sarah L.	...	1	"	Death 2 months aft. operat. from malig. disease.
—	—	—	3	6	—	—
May 24th ...	7	Maria W.	1	...	Mr. Scott	
July 12th ...	8	Emily G.	...	1	Dr. Edis	Malignant disease of pelvic viscera.
August 6th ...	11	Mary A. M.	1	...	Mr. Heath	
August 19th ...	12	Maria R.	1	...	"	

\* In two of the fatal cases the operation was done at the expressed wish of the patients.

GENERAL INFIRMARY, HERTFORD.

INJURY TO THE SPINE ; DEATH.

(Under the care of Dr. WOODHOUSE.)

THE following case, for the notes of which we are indebted to Mr. William Odell, house-surgeon, is of considerable interest, especially as regards the rise of temperature, which rose from 99° four days before death, to 107·4° on the day of decease. The supervention of sloughing of the sacrum, in spite of the greatest precaution, is an interesting fact illustrating the influence of nerve on the nutrition and the repair of tissues.

J. B—, aged thirty-nine, on June 15th fell from a haystack, a distance of about eight feet, on to his head, and lay on the ground until placed in a sitting position by another labourer. He did not lose consciousness, but complained that he had no feeling or power of movement in his legs.

On admission, 7 P.M., he was perfectly helpless; pupils dilated, but not excessively, and reacted very feebly to light;

breathing slow, but not stertorous; conscious, and had full power of speech; had had liquor, but was not drunk. He had not the slightest feeling or power of movement below the shoulders, but had full power of talking, of closing his eyes, and of the facial muscles, and, to a certain extent, also of the muscles of his neck—that is, he could turn his head on one side, and once raised it slightly from the pillow. Temperature 98°; pulse 72 and small; respiration 12.—10 P.M.: Fæces passed involuntarily, and without patient's knowledge; felt as if he wanted to micturate, but could not.

June 16th.—Urine drawn off at 2 A.M. Very quiet during the night, except that he wanted his head raised from time to time, but this was not allowed. Has taken a fair quantity of milk. Temperature 97·8°; pulse 60; respiration 10, not stertorous, but full-drawn. The sternum is elevated during expiration—that is, when the abdomen descends, but there is not the slightest lateral expansion, and the respiration is carried on solely by the diaphragm. The pulse is of better volume than last night. Complains of pain at back of neck, about fifth cervical spine, but has sensation for three inches below this point.—Evening: Has regained slight

movement of forearms, and has much diminished sensation when the arms are grasped firmly, but no perception when pricked with a needle. Has not the slightest consciousness of the passage of catheter, and is quite incapable of straining, or in any way of aiding the flow of urine. Ordered low diet, milk and beef-tea.

17th.—Temperature 102°; pulse 88; respiration 22. Slept fairly. Has rather more movement of the forearms, but no other movement.—Evening: Temperature 101·8°; pulse 86; respiration 24. Seems more comfortable, and had some sort of sensation when the catheter was passed.

18th.—Temperature 100·8°; pulse 82; respiration 20. Rather more movement of arms. Not the slightest sensation of pricking with a needle on legs, abdomen, or chest as high as two inches above the nipple line; above this point has perfect sensation. No hyperæsthesia along the line of junction of paralysed and non-paralysed parts. Can turn his head from side to side, and sometimes raises it a little from pillow. Has no feeling of pricking in the hands or forearms, and has very slight sensation in the upper arms. The movement of the forearms is simply flapping, for he has not the least power of grasping, and cannot move his fingers.—Evening: Temperature 101·2°; pulse 74; respiration 20. Expressed himself as feeling relieved when the urine was being drawn off; the stream rose and fell with each respiration.

19th.—Temperature 101·2°; pulse 82; respiration 22; urine strongly alkaline, specific gravity 1030, albuminous, and containing numerous blood-corpuscles. There had been slight hæmorrhage when the catheter was passed, but the high colour of the urine is due to its mixture with blood previous to the passing of the catheter, and to being in the bladder twelve hours. No. 12 catheter passes in quite readily, though there is a slight obstruction about the prostatic portion.—Evening: Temperature 101°; pulse 82; respiration 20. Bowels open after twelve grains of jalap powder and four grains of calomel; patient quite unconscious of their action. Urine strongly ammoniacal and very dark; no hæmorrhage by side of catheter or when the catheter was withdrawn. Ordered fifteen drops of tincture of opium every night.

20th.—Temperature 100·4°; pulse 80; respiration 24. Slept well. Incontinence of urine; catheter passed; urine ammoniacal and high-coloured. Bladder washed out with tepid water, to which a very small quantity of carbolic acid was added (just enough to discolour litmus paper). Tendency to bed sore. Had a sort of fainting fit whilst the bed was being changed, and when his head was raised too much. No feeling of fracture, no swelling, no displacement perceptible. Sensation posteriorly as low as spines of scapulæ. Ordered two ounces of brandy.—Evening: Temperature 102°; pulse 82; respiration 20. Urine and fæces passed involuntarily, and, notwithstanding that the patient is on a fracture bed with central hole, and on water pillows, and that the greatest cleanliness is observed, there is a bed sore threatening on the sacrum.

21st.—Temperature 102°; pulse 90; respiration 26. Urine ammoniacal and offensive; bladder washed out again with carbolic-acid water; allowed meat and beer.—Evening: Temperature 103·2°; pulse 94; respiration 24.

22nd.—Temperature 101·2°; pulse 82; respiration 28. Urine (a pint) drawn off of nearly natural colour, acid, specific gravity 1020, containing only a trace of albumen, but showing under the microscope crystals of triple phosphate. Evening: Temperature 103·2°; pulse 90; respiration 32.

From this date till July 7th the temperature varied from 97·6° to 101°; the respiration became quicker, and averaged about 25, and the pulse was about 85. On June 30th sloughing of the sacrum commenced. On July 7th a blister was applied to the nape of the neck, above the seat of pain, but beyond its action on the cuticle it did not produce any effect, good or bad.

July 10th.—Temperature 99·2°; pulse 88; respiration 20. Had great difficulty in breathing at 4 o'clock this morning, and there was an accumulation of mucus in the bronchi which threatened to choke him. Temperature 100°; pulse 104; respiration 34. This passed off by the continued administration of brandy and milk.—5 A.M.: Temperature 99·2°; pulse 96; respiration 22.

12th.—Temperature 99·5°; pulse 94; respiration 22. Slough on sacrum increasing.

14th.—Temperature 98·4°; pulse 88; respiration 28.

Slough increased to size of a man's hand; the elbows threatened, but are now much better.—Evening: Temperature 101·8°; pulse 96; respiration 28.

The temperature then gradually increased, till on the 18th it was 104·4°; pulse 102.—Evening: Temperature 104·4°; pulse 128; respiration 26.

19th.—4 A.M.: Temperature 104·4°.—10 A.M.: Temperature 102°; pulse 110; respiration 23. Has had a severe attack of diarrhoea, and was only kept up by continued doses of brandy and a draught containing opium and catechu after each loose motion.—Evening: Temperature 104·8°; pulse 120; respiration 18. A little delirious; only answers when spoken to very loudly, and then only in monosyllables.

20th.—Temperature 105·6°; pulse 108; respiration 34. Very drowsy; diarrhoea ceased; seems stronger than yesterday; wants shouting to to obtain any answer; has had no opium for twenty-four hours.—Evening: Temperature 106·6°; pulse 132; respiration 32. Quite unconscious, and cannot be roused; comatose(?); has great difficulty in swallowing even liquids.

21st.—7.30 A.M.: Temperature 106·6°; pulse 136; respiration 42. He is evidently sinking.—12.30: Temperature 107·4°; pulse 136; respiration 26.—1.30 P.M.: Just dead. Temperature 106·6°.—2 o'clock: Temperature 105·2°.

On comparing the thermometer with two others, it was found that it registered fully half a degree less than they did, but all the temperatures were taken with the same instrument.

*Autopsy, eighteen hours after death.*—Body not quite cold. The spinal column from the third dorsal vertebra was removed entirely, and the bodies, transverse processes, and spines were carefully examined for fracture. The canal was opened and found quite smooth on both aspects. The membranes were congested below about the fourth cervical vertebra, the congestion increasing towards the dorsal region, where there was quite an inflammatory state, and in the lower dorsal region a distinct deposit of lymph was found on the dura mater, and on the lining membrane of the canal. On slitting up the pia mater, a distinctly soft spot was seen about opposite the lower part of the body of the fourth cervical vertebra. There was a constriction of the entire cord at this point, and a depression on the dorsal aspect, into which a split pea might have been inserted. The structure was quite pulpy as compared with the other part of the cord, and, after hardening in spirit, a hole was perceptible, large enough to insert a small pea. On the anterior surface of the membranes at this point there was a distinct brown discoloration, though no loss of structure. On macerating the spinal column, and dissecting away the muscles from the anterior part of the vertebræ, there was a distinct tear of the intervertebral fibro-cartilage from the body of the fifth vertebra, and the surface was quite roughened. This rupture did not extend into the canal, but was just at the spot where the constriction of the cord was found, and opposite the discoloured membranes. There was a distinct ulceration of cartilage in the mid-dorsal region, consequent upon the inflammation of the spinal membranes. Above the depressed spot in the cord all was healthy. The brain was healthy, except the fornix, which was in a state of fatty degeneration. The heart and lungs were fairly healthy. The liver was large, extending into left hypochondrium; nutmeg. There was a small abscess at the upper pyramidal portion of left kidney; capsules healthy. The ureters were dilated, and the walls thickened. The bladder was contracted, the coats much thickened. The urine in the bladder was of normal colour.

#### MILITARY GENERAL HOSPITAL, PARKHURST.

##### CASE OF PARALYSIS OF THE INFERIOR BRANCH OF THE THIRD NERVE.

(Under the care of Dr. McNAMARA, Surg. 106th Foot.)

CORPORAL C—, a young, strong, healthy soldier, about the middle of August got a blow with a stone over the right eye, which caused great swelling and ecchymosis of the lids, completely closing-up the eye. At the outset he also complained of a dragging sensation in the right nostril, caused, probably, by injury in the orbit to the nasal branch of the ophthalmic nerve. This, with the swelling, gradually passed away. When he first presented himself, on the 8th