

three days. It is not pretended that the most perfect provision for out-flow of fluid will prevent an abscess from extending farther into the brain, and thus becoming fatal. But we certainly have to strive to remove all obstacles which tend to favour its extension. In the famous Harlow-Bigelow tamping-iron case, Dr. Harlow, in a private letter to me, says that it was due in great measure to the free outlets through the skull below and above that the man Gage owed his life.

Third. The final cause of death with my patient was inflammation along the base of the brain. It is probable that the pain on the right side of the chest, which appeared on the eighteenth day, was due to irritation of the pneumogastric. The abscess did not greatly derange his functions, except by the paralysis of the opposite side. His intellect was good, digestion and assimilation good. Certainly the quinine and stimulants had no injurious effects, but quite the contrary. On many occasions it was noted that the removal of pus would be followed speedily by reduction of temperature and by greater steadiness of the pulse. The close adhesion of the dura mater around the orbital opening and the trephine hole completely shut off the arachnoid cavity from the track of the suppuration, and no meningitis spread from these situations, neither could fluids used in syringing get beyond the parts intended to be irrigated. Trial was made of two per cent. solution of carbolic acid, but this excited so much headache that it was abandoned for a four p. c. solution of boracic acid.

For other sources of information in bibliography besides those mentioned in the text see :—

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ARTICLE III.

NOTES OF A CASE OF LODGMENT OF A FRAGMENT OF IRON IN THE SUBSTANCE OF THE BRAIN; DEATH IN FOUR MONTHS; AUTOPSY. By GEO. BURR, M.D., of Binghamton, N. Y.

ON the 8th day of October, 1881, Leonard S. S——, a young man of about 20 years of age, residing at North Fenton, in company with another young man of about the same age, went out into the fields and woods for the purpose of shooting squirrels. They were armed with shot

guns, one of which was old, and had been made over so that caps could be used in firing it, by serewing into the side of the breech a tube communicating with the bore of the barrel. Into this tube, and standing at a right angle to it, was also screwed a smaller tube, called the nipple, on which the cap was placed. On firing this gun by S——'s companion, he standing near by, the breech of the gun burst, and both young men fell to the ground. They soon recovered, and S—— rose to his feet with a copious discharge of blood from a wound he had received, immediately above and near the centre of the zygomatic arch upon the left side. He was conveyed to his home, and a surgeon, Dr. C. W. Greene, of Chenango Forks, was called, who on examining the wound was satisfied that it was of a serious nature, and requested that I might be sent for. The next day, October 9th, I saw the case. The patient was lying in bed, perfectly conscious, complaining only of soreness in the vicinity of the injury, and some slight headache. None of the cerebral functions nor of the cranial nerves were involved or disturbed, with the exception of a slight defect in hearing in the left ear. His mind was unaffected, his recollection of the occurrence clear, his sight perfectly normal, nor was there paralysis of any of the nerves.

The statements made to us rendered it very probable that the tube or cylinder and nipple had caused the wound; but we could hardly believe that a very serious injury had been suffered, but that the missile, whatever it might be, must be outside of the cranium. Some efforts, therefore, were made to extract it by forceps, but these attempts failing, the patient was put under the influence of an anæsthetic, and the forefinger was passed into the wound. In doing this portions of brain matter escaped. On pushing the finger still further inward, a large opening was found in the cranial wall, through which the finger readily passed into the cavity of the cranium. No trace of the missile could be reached by the finger, nor found by any other means. The question of further surgical interference then presented itself, and we finally determined to make no further attempts to extract the piece of iron at that time. The patient soon began to rally, and within a week left his bed, and a few days afterwards was out of doors.

On Monday, the 23d of January, 1882, S—— called at my office, having driven a distance of at least twelve miles. He appeared well and hearty, had, however, a fistulous opening where the projectile entered, through which was discharging purulent matter. He said he was going to work again, and I afterwards learned did go to work cutting railroad ties. On the 21st of February he was taken with violent pain in the head, and in three or four hours died, having carried the mass of iron in the brain four months and thirteen days. The day before he had had a debauch, and was taken home in a wagon lying flat upon his back, stupefied from the effects of drink.

The brain was removed entire by Dr. Houghton, of Greene, and placed in alcohol reserving it for my inspection. The iron was found within the brain, and proved to be as at first supposed the tube and nipple of the gun. An accurate drawing of it of its actual size was made, and is reproduced with these notes. It was found in the anterior and inferior angle of the left middle lobe of the cerebrum in near proximity to the fissure of Sylvius. The cavity in which it was imbedded was lined by a distinct membranous cyst.



ARTICLE IV.

A CLINICAL STUDY OF THE DISEASE AND CURABILITY OF INEBRIETY. By
T. D. CROTHERS, M.D., Supt. of Walnut Lodge, Hartford, Conn.

IN 1878 there was admitted in the Asylum at Walnut Lodge, Hartford, Conn., forty-two patients suffering from inebriety and the use of opium. Of this number, thirty-five left the asylum with consent, the same year of their admission. On the asylum books they were noted as follows:—

Discharged recovered	10
Discharged greatly benefited	20
Discharged without results	4
Died	1
	<hr/>
	35

It is proposed to study the history of these cases, and the results of treatment after a period of nearly four and a half years from the time of leaving the asylum. The history of each patient was recorded at the time of admission, based on his statements and those of his friends and relatives. The constant tendency to exaggerate and cover up the real facts by the patients, and sometimes their friends, required great care and frequent reconsideration of the clinical history, to exclude all sources of error. In many instances the facts were only obtained from long correspondence, close observation, and acquaintance with the patient. Each case was studied from a physical point, and all the mental phases recorded and analyzed as far as possible.

The first question was the evidence of an inebriate diathesis, or a special inherited predisposition to use spirits coming from the parents direct.

The number exhibiting this diathesis was eight, as follows: In two instances the father drank spirits to excess for years before and after the birth of the patient. In one case the father was intoxicated at the time of conception. In two cases the mother used wine and spirits before and