

the jejunum, there was a patch of redness with several erosions. Peyer's patches seemed somewhat thickened, and stained deep grayish-brown. Here and there in the small intestines were patches of a yellow deposit. All along the large intestine the mucous membrane was studded with small dark round spots, very much like the deposit in the patches already mentioned; they corresponded to the solitary glands, and made the membrane resemble a leopard's skin. No other change in the large intestine.

*Suspected Fracture of the Base of the Skull, attended with peculiar pathological phenomena.*—Dr. R. P. THOMAS read the following report:—

Michael —, aged 27, was admitted into the surgical ward of the Episcopal Hospital, July 27th, 1860. While in a state of partial intoxication, he pitched head-long down one of the chutes on the Richmond coal wharves, a distance of eight or ten feet, and fell upon the right malar and temporal bones. He was taken immediately to the hospital. Upon examination the ramus of the right lower jaw was found broken about midway between the angle and the condyle. There was severe contusion of the right antero-lateral part of the head, but no fracture of the bone in that region, and but little laceration of the soft parts. Blood flowed freely from the nostrils and both ears. There had been vomiting prior to admission. The patient was almost unconscious; the face covered with a clammy sweat; the pulse 90, feeble; and the skin cold. Both pupils dilated, though unequally; the right eye was open, the left closed.

*Diagnosis.*—Concussion of the brain, with a probable fracture of the base of the skull towards the left side from the contraincusp. To sustain the sinking powers, small portions of milk punch were cautiously administered from time to time for the first few hours. Reaction took place; the pulse became fuller and stronger, and the skin warm, but the intellect remained obtuse. When the reaction was established, a mixture containing one-fourth of a grain of sulphate of morphia, and three grains of extract of conium was administered every four hours with a view of controlling the brain, and preventing the development of excitement, or delirium.

This plan, with beef tea as nourishment, was continued for three days, all alcoholic stimulus being avoided. At the expiration of the period named, the patient had the control of his sphincters, and could answer questions rationally, but could neither open nor close his eyes. The oozing of blood from the ears had nearly ceased, and the dilatation of the pupils was not so great. Their inequality, however, was still manifest. Improvement in all the symptoms occurred; the fracture of the lower jaw united, and at the end of six weeks he was permitted to walk about the ward. At the present time his appetite is excellent; he sleeps all night; is entirely free from pain; and his general condition is good.

During the progress of convalescence, some singular phenomena have been manifested, which afford a pathological confirmation of the correctness of the usual anatomical descriptions of the distribution of the nerves of the face and the eyeball.

The blow that fractured the ramus on the right side, paralyzed the portio dura nerve where it passed over the jaw, as evidenced by the drawing of the mouth to the left when he laughs, by the flat and expressionless aspect of the right cheek, and his inability to close the right eyelid, which is supplied by this nerve. The right eyelid never has been closed since the time of the accident. The injury to the portio dura must have been external, because the parts supplied by its branches, arising posterior to the ramus of the jaw, are not paralyzed. It is not probable that any internal injury involv-

ing the nerves of the right side has occurred, since they all perform their functions. The mobility of the tongue and of the eyeball on this side is perfect.

On the left side, the reverse phenomena are observed. The portio dura and the sixth nerve remain sound, while the third and fourth nerves are paralyzed. Here the injury is internal, but its outward manifestations are wonderfully distinct. I stated the patient could not close his right eyelid; I will now add he was unable to open the left. This latter fact involves two nerves, namely, the portio dura, which closes the lid by acting through the orbicularis muscle, and a branch of the third nerve which goes to the levator palpebræ muscle to open the lid by drawing it back. That branch fails in its duty, as do, also, the other branches of the third. For instance, if the patient be requested to look with the left eye upwards, inwards, or downwards, or upward and inward, or downward and outward, or to converge the axes of the two eyes, he cannot, or rather could not comply—the eyeball remained perfectly stationary; thus showing that both the third and the fourth nerves of the left side have been, and to a considerable extent still are paralyzed, since the former of these nerves supplies the superior, inferior, and internal straight muscles, and the inferior oblique, and the latter goes to the superior oblique.

If, on the other hand, he be requested to look at some object at a distance to the left, both eyes immediately converge upon it, thereby proving the left external straight muscle, and the sixth nerve which supplies it, to be perfectly sound.

The pupils were stated to have been widely and unequally dilated. At present they are nearly equal, though the left is still sluggish in its motions. The focal distance is widely different in the two eyes, being about five inches for the right, and nearly two feet for the left. Of course the patient sees two images, the outline of one being made more distinct than the other. He has difficulty in reading fine print.

There is dulness of hearing on both sides to a degree requiring the voice to be raised to a pitch above that of ordinary conversation. This is chiefly owing to the rupture of the tympanic membrane in each ear. On the right side, the anterior-inferior segment of the membrane is torn loose, and the handle of the malleus is directed outwards towards the auditory canal, instead of being inclined inward to the cavity of the tympanum. On the left, the superior segment is ruptured, the malleus remaining in position. There is now no discharge from either ear, a small pledget of cotton being kept in each, for the double purpose of protecting the cavity from atmospheric changes, and of serving in a slight degree as a substitute for the natural membrane.

The remaining cerebral nerves do not appear to have been injured, as no evidence of disturbed function exists.

During the past three weeks there has been a perceptible increase in the motions of the left eyeball and lid, and hence there is some probability of the functions of the third and fourth nerves being eventually restored. The right portio dura nerve seems to be permanently injured, as the muscles supplied by its temporo-facial branches do not perceptibly contract under the stimulus of a galvanic current.

*Medical Note on the more familiar Flies; from Entomological Sources.*  
—Dr. B. H. COATES had been induced, by remarks made at a previous meeting in regard to the larvæ deposited by flies, which infest the sick room and hospital ward, to make some special references to entomological authori-