

sion; but as regards the former, the cervical sympathetic has been divided an immense number of times in animals, and no physiologist has ever seen the least eruption on the face or ears as the result of vaso-motor paralysis. Conditions of vaso-motor paralysis are seen in the human subject, but they are not accompanied by herpetic eruption. The congestion in herpes zoster is rather secondary, not becoming intense until the eruption is fully out. If the condition were one of irritation and occlusion of the vessels, the skin about to become the seat of herpes zoster would pale, but this has not been observed. The fibres distributed to the muscles and glands are not likely to have any influence on the eruption of zona. There remain, then, only the sensory fibres.

One of the conditions invariably present in zona, traumatic or other, is a certain degree of continuity in the nerves attacked. One may suppose, then, that the irritation of which the nerves become the seat may set up functional disturbance in the trophic centres of these nerves, which may, through the agency of the remaining healthy fibres, react on those anatomical elements of the skin with which their peripheral extremities are *en rapport*. Thus would be produced a more or less profound disturbance of those nutritive acts which take place in these elements, their modification or perversion leading to the development of herpetic vesicles.<sup>15</sup>

### CASE OF FATAL CEREBRAL HÆMORRHAGE.<sup>1</sup>

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THE case I propose to bring under notice is briefly this.

By the order of a coroner I made a post-mortem examination, and found a blood-clot the size of a small walnut, and weighing 201 grains, embedded in the left cerebral hemisphere, not in the lateral or any other of the ventricles, but just below the convolutions, on the upper convex surface of the brain, about an inch and a half to the left of the longitudinal fissure, and at the junction of the middle with the posterior third of the left hemisphere. I found the clot at the bottom of a sulcus between two convolutions, giving me at once the idea that a small vessel in the pia mater had given way, the effused blood lacerating the grey cortical layer of brain tissue, and lodging itself in the soft white brain matter below. The vessels of the dura mater and pia mater were generally congested, indeed gorged, with blood; and my attention was drawn to the spot described above by a slight extravasation beneath the visceral layer of the arachnoid, when on slicing away the convolutions the clot was found just below them. There were no external marks of injury to the scalp or skull; no fracture or fissure. I had seen the deceased once in life twenty-four hours before his death, in consultation; he was then unconscious, delirious, with dilated and inactive pupils. He was evidently dying of some brain affection. The history of the case was this: On a Saturday night eight days before his death, this young man of twenty-one was in a row in a public-house, and according to the evidence of eye-witnesses he received a heavy blow from the closed fist of a big powerful fellow between his eyes, which caused him to stagger back and bleed freely at the nose, but he was caught by the bystanders, was only momentarily stunned, and was able soon to walk out of the house and away to his home three or four miles distant. The following day, Sunday, he was out walking, and on Monday was at his work all day in a coal mine. On Tuesday morning he started to his work but the bleeding from the nose and mouth returned, and he was obliged to leave off work and return to his home very ill. On Wednesday he was first seen by a medical man, when he complained chiefly of his head. On Friday serious brain symptoms set in, he became comatose, delirious, and partially convulsed.

I gave evidence before the coroner's court and at the assizes, that in my opinion the blow had ruptured a vessel in the nose which bled freely externally, and a small vessel at the top and back part of the brain which bled internally, and formed the clot produced. That the clot, situated as it was near the surface of the brain, was of much less moment

than it would have been in the interior or at the base of the brain, and that death resulted from the congestion and inflammation of the membranes, which commenced only on the Tuesday morning, three days after the injury had been received. The coroner's jury returned a verdict of manslaughter against the man who dealt the blow, but he was acquitted before the judge of assize, who summed up in the prisoner's favour on the ground that the symptoms immediately following the blow were too slight to warrant the conclusion that the blow caused his death.

The questions of interest arising for discussion upon this case are: 1. When was this clot formed, immediately on receipt of the blow or gradually by slow leakage of the small ruptured vessel? (I may remark that the clot is solid through out, not laminated.) 2. Could the man walk about for two days, and do his work for one, with this clot in his brain?

In the discussion which followed the reading of the above paper, a general feeling was expressed that the clot was the result of the blow, and the cause of death.

Stafford and Rugeley.

## 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.

#### WESTMINSTER HOSPITAL.

GENERAL PERITONITIS FOLLOWING PELVEO-PERITONITIS;  
DEATH.

(Under the care of Dr. STURGES.)

FOR the following notes we are indebted to Mr. C. Hebbert, medical registrar to the hospital.

Esther G—, aged seventeen, housemaid, was admitted on the morning of Dec. 17th with general peritonitis. The history obtained from a fellow-servant was that on the morning of the 13th, after having taken some tea, she complained of pains in the abdomen. She took to bed in the evening, and next morning suffered severe pains in abdomen, and sickness. A medical man was called in, and he gave her an enema, after which she had several motions during the day. The bowels were not open again before admission to the hospital. Pain and sickness were constant, and on the morning of admission the vomit was offensive.

On admission, the expression of patient was that of great anxiety; the face was pinched, the eyes were much sunken, and the skin was covered with cold sweat. The patient was very restless, and complained of severe pain in the abdomen. The pulse was very rapid, small, and thready; the abdomen tympanitic, distended, and tender to pressure. Opium and fomentations were ordered, but she never rallied, and died in a few hours.

*Necropsy.*—Rigor mortis present; face dusky; eyes sunken; body well nourished; areolæ of breasts brown; abdomen distended. On opening the abdominal cavity, the intestines were found much inflated; the whole peritoneum, both visceral and parietal, presented the acute ramiform injection of recent peritonitis, the intestines being matted together with recent lymph; and there were two pints of turbid serous fluid in the abdominal cavity, with flakes of lymph. On raising the intestines, it was found that the pelvic cavity was separated from the general abdominal cavity by a thin layer of pseudo-membrane, incomplete from rupture on the right side. Beneath this membrane was a collection of thin purulent fluid. The intestines were then removed, and the cavity cleared of the fluid. It was then discovered that a pseudo-membrane of greater thickness than the upper stratum covered over the posterior surface of the pubic arch, the upper portion of the bladder, and then passing over the uterus, completely lined Douglas's pouch, covering the surface of the ovaries with their ligaments. This membrane was adherent to the subjacent organs, but was easily stripped off, until the left ovary was reached, and to the upper part of this organ the membrane

<sup>15</sup> Vulpian, *op. cit.*, p. 555.

<sup>1</sup> Read before the Staffordshire Branch of the British Medical Association at its meeting at Stoke-upon-Trent, Nov. 24th, 1881.