

of the papilla followed, and then these changes either subside or became gradually intense, until typical appearance of papillitis were developed; the process reached its acme in the fifth week, and then gradually subsided, leaving the appearance of post-neuritic atrophy. The microscope showed widely-spread military tuberculosis of the meninges: the intra-cranial portion of the nerve normal, the orbital portion more or less altered, the sheath being more or less distended with exudation in the early stages, and occupied with tubercle deposits in the later; the nerve and the sheath being both inflamed. It was evident that the changes in the papilla were not pressure effects, for they were present before any considerable tubercle masses were formed in the sheath. The conclusion Deutschmann draws from these experiments is as follows: choked disc does not depend upon pressure, it is excited by an irritating fluid, which passes together with the cerebro-spinal fluid, from the cranial cavity, along the nerve-sheaths, and which is arrested at the bulbar end of the nerve, and there produces an infective action.

OPTIC NEURITIS IN HEAD INJURIES.

Drs. Edmunds and Lawford⁵ report twenty-four cases of head injury, in which the condition of the optic nerves had been observed, either ophthalmoscopically or microscopically. The microscopic evidence of neuritis consists in a considerable increase of staining corpuscles in the sheath space and in the nerve.

The cases were divided into three groups:

- (1) Cases which ended fatally, directly from the severity of the head injury; eleven cases, four of which had optic neuritis, were included in this group.
- (2) Cases which ended fatally, indirectly from complications; the group comprised four cases, two of which had optic neuritis.
- (3) Cases which recovered; eight cases, six of which had optic neuritis, were included in this group. The optic neuritis was attributed to the spread of inflammation from the seat of the injury to the optic nerves; this might take place either along nerve tissue or by the meninges. The authors adopted the latter view, because: (1) while in some of the cases in which there was optic neuritis, basal meningitis was found; it never occurred in those cases in which optic neuritis was absent. (2) Those cases in which the base of the skull or brain was injured generally had optic neuritis, while those in which the injury was confined to the convexity of the brain, such as punctured wounds, had not. (3) In some cases of neuritis, transverse sections of the optic nerves showed the inflammation most marked at the periphery of the nerves and in the sheath space. The same authors, in reply to Deutschmann's article, say,⁶ that if his theory be correct, he should be able to show that if the animals he killed in the first few hours or days after inoculation no optic neuritis is present; that at a later stage inflammation confined to the bulbar end of the nerve is found, and that later still the whole length of the nerve is involved. But that he does not say this, and that his statement is that the intra-cranial portion of the optic nerve was found normal, and that the intra-orbital parts altered, the inflammation being more marked near the eye than posteriorly; but this is not

conclusive, for the normality of the intra-cranial portion of the nerves would not exclude the possibility of the inflammation found in the distal portion, having descended by the meninges of the nerve, which he admits were found inflamed. The inflammation of the sheath space appearing more intense near the eye, may be due to the sheath being looser at the anterior part of the nerve, and consequently allowing more free exudation. They have themselves examined some forty cases, and in every case in which papillitis was seen during life there were inflammatory changes in the optic nerves in their entirety. In a few instances the inflammation was confined to the proximal part of the nerve, and in these cases the papilla, both to the ophthalmoscope and to the microscope, showed no changes, death having occurred before the inflammation had time to travel down the nerves as far as the papillæ. In two specimens recently prepared by longitudinal section, inflammatory changes can be traced from the optic foramen to the disc.

CHOKED DISC (STAUNUNGSPAPILLE) IN CEREBRAL HÆMORRHAGE.

Remak,⁷ in an argumentative article upon the causation of choked disc in conjunction with cerebral hæmorrhage, gives five cases, the last observed by himself in which cerebral hæmorrhage was caused either by the rupture of an aneurism or a bloodvessel in the brain, and was accompanied by choked disc. The aneurism was generally situated at the bifurcation of the internal carotid, and the hæmorrhage was of a large amount. In two of the cases the nerves were very carefully examined. The conclusions drawn are, that the phenomenon of choked disc in these cases is due to the compression of the central vessels of the optic nerve, in their course through the intervaginal space, through the pressure of blood clotted there, thereby causing an arterial anæmia and venous congestion of the papilla and retina. Our author considers another cause of choked disc to be the interruption of the lymph stream flowing from the eye through the sheath of the optic nerve into the sub-dural space of the cranium. This condition of the lymph circulation as occurring with cerebral hæmorrhage, was shown by the œdema of the retina, the papilla, and the distention of the intervaginal space near the bulb by lymph.

Clinical Memoranda.

A CASE OF BROW PRESENTATION CONVERTED INTO FACE; HIGH FORCEPS.¹

BY EDWARD REYNOLDS, M.D.

M. S., married, native of England, II para. Labor began at 10 A. M., January 11th, but she did not send for medical assistance till 6.30 P. M., though the pains are said to have been severe all day. I was sent for first at 8.30 P. M., when the os was of the size of a dollar. The brow presented, M. R. P., and was so far extended that the mouth was within the os. The foetal heart was strong and regular, the caput large and firm. Almost all the liquor amnii had drained away. The pelvis was roomy, but a mass of about

¹ Read, by invitation, before the Obstetrical Society of Boston, May 14, 1887.

⁷ Berl. Klin. Wochens., Vol. 23, Nos. 48 and 49.

⁵ Ophth. Review, November, 1886.

⁶ Ophth. Review, May, 1887.

the size of an orange could be felt by external palpation in the right wall of the uterus and just above the pelvic brim; this was not reached per vaginam.

It was evident that the presence of a fibroid in the lower uterine segment and on the right side, had thrown the occiput of a head presentation O. L. A. into the opposite (left) iliac fossa, and that its detention there had produced extension so soon as the upward retraction of the fibroid permitted the descent of the chin.

Feeling that the case was likely to prove difficult, I sent for Dr. C. M. Green in consultation. On his arrival the patient was etherized and a more thorough examination made. The fibroid was entirely above the head, and the adaptation between head and pelvis was easy.

It was decided to extend the head and make a tentative application of the forceps, and failing with them to have recourse to version.

The head was easily extended to a face, M. R. P., no rotation was attempted for fear of complicating the version, should that be necessary, and forceps were applied by Dr. Green, with the tips reversed, in the hope of promoting the fullest possible extension and consequent rotation. A few strong tractions produced no effect, the forceps were removed and version determined on.

As a preliminary, I attempted to flex the head, fearing that the prominent occiput of a face presentation might put too great a strain on the probably thin lower segment, during the passage of the hand; but finding that though the head was easily returned to its original position, any further flexion was impossible, I re-extended it and cautiously passed the hand upward in search of the obstacle, and was surprised to find that the neck of the child was firmly grasped by a spasmodic contraction ring.

All idea of version was now abandoned, the chin was easily rotated to the front (M. R. A.) by the hand, and the forceps reapplied by Dr. Green, who succeeded in delivering, after great difficulty, an eight pound female child. It was somewhat asphyxiated but was resuscitated without much difficulty.

Mother and child did well, and an examination two weeks later demonstrated the presence of an intramural fibroid, of about the size of an English walnut and situated just at the junction of the body and cervix. The mechanism of the case is to me most interesting; that a fibroid in the lower uterine segment should have jammed the occiput into the opposite iliac fossa, and then by its retraction have permitted extension to take place; that this extension should have delayed a normal head in a roomy pelvis until the exhausted uterus had closed down upon the neck in a constriction ring; that forceps to the face should have failed, when the chin was posterior, but succeeded after manual rotation of the chin to the front, are all points which are certainly full of practical interest.

A CASE OF DOUBLE DISLOCATION OF THE HIP.

BY O. J. PFEIFFER, M.D., DENVER, COL., *Chief Surgeon Union Pacific Railway Company.*

ON April 3, 1885, Anna Lindstrom, aged eight years, a deaf-mute, while running along a narrow-gauge railroad track was overtaken, knocked down and run over by a switch engine.

When called to see the case, the legs seemed to be all tangled up, and as the child could bear no manipulation and could answer no questions, Dr. L. E. Lemen having been called in consultation, ether was administered by an assistant and the case was examined.

The left leg, perfectly straight, was rotated inwards so that the left foot lay flat upon its inner side; the left inner condyle of the knee pointed vertically downwards toward the plane of the bed and was resting upon it; the head of the left femur was felt directly outside of the tuberosity of the ischium.

On flexing the left leg to a right angle with the thigh, resting the leg upon my left forearm and moving the left knee upwards in a long vertical arc the head of the femur could be felt to describe a short arc outside and alongside of the tuberosity of the ischium.

The right hip was dislocated upon the dorsum and the right foot rotated inwards and drawn up lay upon and obliquely over the left instep.

The seventh, eighth and ninth ribs were broken at about the angle, and the left forehead and left side of the face were scratched and abraded, and filled with sand.

I remarked that, as dislocated hips were abundant, we would take one apiece, the ischiatic dislocation falling to my lot.

Both dislocations were reduced by Dr. Bigelow's method of manipulation, the chest after a deep inspiration was bound with a swathe and the face wounds cleaned and dressed. A towel was placed between the knees and they were tied together; the patient was placed upon her back, ice bags were applied to the hips, and in three weeks the child was up and about.

The child had been struck by the pushbar of the engine, knocked down head foremost, and in being passed over by the engine had been so gyrate that though she had fallen to the ground head foremost she was picked up with her head to the rear.

The distance between the rails was three feet, and the distance between the lowest part of the narrow-gauge engine and the road-bed was seven inches.

It is remarkable that the child, having passed through so small a space, neither of the femora had been broken.

Reports of Societies.

AMERICAN OTOLOGICAL SOCIETY.¹

TWENTIETH ANNUAL MEETING.

DR. ROOSA also reported the history of a case of SUPPURATION OF THE TYMPANUM OCCURRING IN A PATIENT WITH BRIGHT'S DISEASE.

The patient, a woman aged forty-two years, was seen April 11, 1887. There was intense pain referred to the left ear which had existed since the day before. The hearing was much impaired as the result of a chronic non-suppurative inflammation of the middle ear. The bone conduction was better than the aerial. There was a watery discharge from the left auditory canal. Examination of the urine revealed the presence of Bright's disease, and the patient died some days later from oedema of the lungs. The point which the author made was that although this patient com-

¹ Concluded from page 90.