ance and diseased kidney. The disease usually attacks those who are suffering from an insidious form of wandering gout, associated with torpid liver and bowels, bad digestion, and unhealthy colour of skin, with mental faculties anything but vigorous and business-like, alternating with an unusual flow of spirits lasting but for a short period. After years of anxious watching and much mental speculation as to the cause of these curious retinal spots, I have at last succeeded in arriving at a true and satisfactory diagnosis.

Mr. B., a gentleman who has been much engrossed in a very extensive business, consulted me concerning his vision. He assured me that, for the past three years, he had known no rest, as business anxieties had much depressed him. His medical adviser, in his letter to me, stated that the patient was temperate, a perfect man of business; that he had known him personally for several years; also, that he had been in attendance professionally, with but little intermission, for two years. I found the patient in a state of considerable alarm concerning his eyesight; business letters could but with difficulty be read, and he could barely recognise an acquaintance across the street. He had the appearance of a man much overworked, and his symptoms pointed to a gouty diathesis.

In this case, the retinal appearances above described were present; but, as the medical man assured me that no kidney mischief existed, I did not then examine the urine, and, as I had up to that time failed to detect albumen in any of these cases, I attached but little importance to the statement.

I had hitherto regarded these cases as simply unaccountable, but had never given up the belief that the peculiar retinal appearance was associated with Bright's kidney. During the interval which elapsed between the patient's first and second visit, it occurred to me that I had been somewhat remiss in having neglected to verify the statement that no albumen existed in his urine. I at once communicated with my medical friend, asking him again to go carefully over the ground. The following post brought his reply. "After very careful examination, I believe I can detect albumen; but send you some urine to test." The urine sent undoubtedly contained albumen; and my mind was at once relieved as to the exact nature of these cases.

Out of ten cases carefully watched over lengthened periods, this was the first in which the patient's urine was albuminous. It may be said that, in any ordinary case of Bright's disease, white spots may be seen on or in the retina; that, no doubt, is true, and, at the same time, albumen may invariably be found. But the kind of case I am describing is so essentially different to anything I have ever seen in the retinal appearances, that I never had the slightest hesitation in coming to a diagnosis, viz., that those spots were not associated with the disease recognised as "Bright's kidney".

The spots are so unlike the ordinary albuminoid patches of Bright's disease, are so differently placed, are so regular in outline, and the grouping in the form of a crescent is so perfectly symmetrical in each eye, that I have now no hesitation in affirming that the spots are diagnostic of a very insidious disease of the kidney, that albumen is present in perhaps the minutest quantities, and that any ordinary superficial examination of everyday practice fails. I also believe the disease to be slow granular degeneration of the kidney, as verified by repeated microscopic examinations.

In all the cases watched by me, the retinal patches have been persistent, and the duration of the disease long; a remarkable fact being that no patient has died from the disease whilst under my care.

Of these retinal groupings I have made in several cases accurate drawings; and the notes of the first case I ever saw are as follows.

February 14th, 1868. Matthew Rhodes, aged 64, enjoyed good health till he was sixty years of age, when he suffered from a severe attack of bronchitis; from that period he never was well. He suffered from indigestion, constipation, and gouty pains in the hands and feet, and neuralgic pain about the stomach and liver. He now suffered from vertigo and pain in the head. Eight months previous to his visiting me, his eyesight began to fail. *Examination.*—The lungs and heart were healthy; the urine was clear and pale, of specific gravity 1012, containing no albumen and no sugar. The ophthalmoscope revealed bright spots in the centre of the field.

This case was the first I had seen of the kind, and I was much struck by the fact that albumen was absent. The patient continued to visit me at intervals for upwards of a year. At each visit, the urine was carefully examined, but without result. It is more than probable that, had he continued to attend for another year, the advancing disease would have been detected by the presence of albumen in the urine.

I have been much interested in the fact that the majority of those suffering from this disease are men. I remember but one female who suffered from the disease. Another fact of special interest is that the disease is associated with some deep mental strain—either loss of busi-

ness, loss of money by speculation, or the keeping of family secrets of a nature so depressing and so unfortunate that they must never be known outside the family circle.

A CASE OF ANEURISM OF THE MIDDLE CEREBRAL ARTERY.*

By T. OUTTERSON WOOD, M.R.C.P. & F.R.C.S.

Medical Superintendent of the General Lunatic Asylum, Isle of Man.

AS aneurism of the larger cerebral arteries is of somewhat rare occurrence, I venture to lay before the Association the following notes of a case which came under my observation, and which I think will prove of sufficient interest.

N. B., a labourer aged 42, was admitted into the Kent Asylum in the year 1866. His general health was weak, and he was in a condition of mania. This was the first attack, and was of about three years' duration. He was cleanly in his habits, and neither epileptic, suicidal, nor dangerous. The cause of his insanity was stated to be unknown, though his sister was an inmate of the Asylum. The chief feature of the mental symptoms on admission was a constant complaint that persons in the neighbourhood had entered into conspiracies against him. He also stated that his father and mother were both weak in their minds, that his flesh turned of different colours if he ate certain kinds of food, and that he had a dread of being sent to prison. He was very "nervous", and there was marked muscular tremor.

For two years after admission, no material change occurred, either in his general health or mental symptoms. The latter, however, then became more intensified, without any apparent cause. His fear of the conspiracies and dread of being sent to prison, were more frequently mentioned by him. After a time, these symptoms again toned down considerably, and no change in his condition worthy of note occurred until 1872, i.e., six years after admission. He then became very violent and excited, and continued for a period of six months more or less noisy and excited, and had commenced using language of a disgusting character. The exhibition of a cold shower-bath of half a minute's duration every morning seemed to control this excitement; he became somewhat better, and the bath, having been administered every morning for a month, was discontinued. The beneficial results of this treatment were permanent; he continued quieter, and worked daily on the farm, and was looked upon as an useful patient, who, though somewhat abusive and excitable at times, was yet fairly amenable to reason, gave but little trouble to the attendants, and was regular in his habits.

After having been for a period of eight years an inmate of the Asylum, for the last two years of which time there had been no change in his general health or mental symptoms, he died in a very sudden and unexpected manner. There had been nothing to indicate the disease which so suddenly destroyed him; his general health was apparently good; he worked regularly, slept well, and took his food as usual.

The manner of his death was as follows: After working on the farm during the day, he was sitting in the ward, chatting with his fellow patients round the fire, when, without any warning, he fell forward on to the floor; his face became livid, and he appeared to be struggling for breath. The attendant observed several pieces of carrot in his mouth, and not unnaturally imagined he had been eating it, and that a piece "had gone the wrong way". An exploration of the fauces and glottis was made by the finger, and the obstruction not being within reach, tracheotomy was performed and artificial respiration resorted to. The breathing, however, became spasmodic, and death rapidly supervened.

Post Mortem Examination, twenty-five hours after death.—The body was well nourished, the lower extremities slightly oedematous. The calvarium was remarkably dry, the pericranium easily peeling off, and a quantity of serosity was observed issuing from the various foramina. The dura mater was firmly adherent, especially along the course of the longitudinal sinus, where its attachments were marked by a number of large distinct patches of lymph. The pia mater was separated with difficulty from the convolutions, which were abnormally pale. On severing the usual attachments at the base, and turning out the brain, a large blood clot was observed in the fissure of Sylvius on the right side. On commencing the examination of the brain, by removing the hemispheres, the brain substance generally was found to be of firm consistence and pale in colour. The lateral ventricles were

* Read in the Section of Medicine at the Annual Meeting of the British Medical Association in Manchester, August 1877.

filled with clear serosity, the choroid plexus in both presenting a condition of papilliform degeneration. On examining the base, the arteries, both large and small, contained patches of calcareous degeneration; the basilar artery especially contained deposits of an unusual size; and the arteries generally were small in calibre and tortuous. The blood clot before mentioned was now examined; it was of large size and firm consistence, and placed directly in the course of the middle cerebral artery, which on being traced outwards was found passing into the substance of the clot. Following the vessel further, it was discovered to dilate into an aneurism about the size of a hazel nut; this was extensively ruptured on the distal side, and surrounded by the clot. There was considerable erosion of the brain tissue in which the aneurism was embedded. The heart was healthy; the arch of the aorta slightly atheromatous; the other organs were healthy.

REMARKS.—Aneurism of the cerebral arteries, according to a return made by Mr. W. G. Balfour,* was found to occur in three cases out of seven hundred; these three cases, however, were entered as merely aneurismal dilatations; and it is not certain if they were true aneurisms, such as the specimen now shown. It is interesting to note, in connection with this case, that a lesion so extensive should exist without giving rise to more marked symptoms of cerebral disturbance than the mere condition of mania long continued. There were no physical signs during life to lead one to expect the extensive disease of the cerebral arteries revealed by the *post mortem* examination. This aneurism gradually increasing in size, subject to all the variations of the circulation, continued to wear a resting-place for itself in the brain tissue surrounding it; yet so little inconvenience had it caused the patient, that no complaint was made by him of pain, uneasiness, or noises in the head, neither was there anything in the general symptoms which might have led to the diagnosis of a cerebral tumour.

In a case reported by Dr. Ogle,† the patient complained of a sawing noise in the head, a cerebral tumour was diagnosed, and the *post mortem* examination revealed an aneurism of the anterior cerebellar artery.

In conclusion, I would remark how strongly such cases as this point out the advisability of obtaining *post mortem* examinations in asylum practice, and would further mention, as bearing out this point, that a case has fallen under my own observation where the apparent cause of death was certified to be exhaustion from mania, but that the subsequent *post mortem* examination revealed a fracture of the lower jaw and several ribs, with inflammation of the lung tissue at the seat of injury.

EXTRACTION OF A PEN-CASE FROM THE LEFT BRONCHUS BY A NEW METHOD.‡

By JOSEPH LAIDLER, M.R.C.S., South Stockton-on-Tees.

A YOUTH, about fourteen years of age, was amusing himself and class-fellows by pretending to swallow a brass pocket pen-case, about an inch and a half long. As he was playing and tapping it between his teeth with a finger, the other boys caused him to laugh, and it slipped into his larynx, leaving the lid in his mouth. I found the poor lad perspiring frightfully, breathing laboriously, and crowing loudly like croup. I was convinced that some substance was in the larynx, so I had the boy turned upside down, and encouraged coughing by rapping his back and tickling his throat, but to no purpose; and on placing him in the chair he again perspired most profusely; was livid and cold in the face; could not speak; suffocation seemed imminent; and he had the appearance of dying. He was removed home, and his own medical attendant had in the meantime been summoned to see the boy. We tried a considerable time with different instruments to extract the pen-case from the larynx, but failed. He breathed more freely, and we were convinced that it must have passed the rima glottis. The operation of tracheotomy was successfully performed by Dr. Armour, whose patient he was; but on opening the trachea, no foreign body was ejected. The tracheal-tube was kept in three days; there was a little emphysema of the neck. The boy was kept in a warm room; and expectorants and stimulants were administered. On percussion, the whole of the left lung, back and front, was dull; the left side of the chest did not expand; and, on auscultation, it was found no air entered the left lung. Often was the boy asked if he felt or heard anything touch the tracheal-tube, to which he always replied in the negative. These symptoms continuing, and being very positive that the left bronchus was plugged, and having found the small end of the pen-case in the

mouth of the boy, I was convinced that the remainder of it was the cause of plugging the left lung, and that death was in the rear. Things were beginning to look very serious, and the only remedy was to extract the pen-case: but how? The idea of an instrument of the plummet-form, of a sufficient length to reach the foreign body, seemed to my mind the most likely. This was a plummet, fifteen inches long, made from a silver spoon by Mr. J. Britton, watchmaker, South Stockton, which, through the opening in the trachea, reached the case at about half its length, and the weighty end tinkled audibly upon the side of it. This not only satisfied me that the pen-case was there, but served also as a very important help in extracting the pen-case; for, by moving it up and down, much after the fashion of priming a pump, it proved a highly useful extractor. The boy was encouraged also, by the tickling sensation produced by the use of the instrument (while touching the case), to cough; and the pen-case, which had no doubt been fast by the sharp edge of the open end upwards fixing itself against the side of the bronchus, now moved upwards a little. This continued to increase gradually till the rattling against the pen-case by the plummet became quite audible, and the distance of the plummet less and less; and then it reached the opening in the trachea, but could not be expelled, as the length of the pen-case was too great to turn in the axis of the opening made. I then caught it by means of the urethral forceps, and extracted it. It was now three days and two hours since the accident had occurred. I may mention that the wound was closed by hare-lip pins and Leslie's plaster, with a covering of lint, and healed up most satisfactorily. All emphysema of the neck quickly passed away. The lung gradually, but not for some weeks, regained its usual power. Ultimately, the boy made an excellent recovery.

SURGICAL MEMORANDA.

DISLOCATION OF THE PATELLA OUTWARDS DURING SLEEP.

A HEALTHY lad of 17 awoke in the night (about three weeks ago) with great pain in his knee, and I was called to see him. I found the patella had been dislocated outwards in his sleep. Any manipulation caused such violent pain that I resolved to put it in its place under chloroform, which was easily accomplished. Amputation below the knee had been performed when the patient was a child.

SIDNEY THORPE, Sible Hedingham.

A CASE OF SPINA BIFIDA TREATED BY DR. MORTON'S IODO-GLYCERINE SOLUTION INJECTION.

As the treatment of spina bifida is still *sub judice*, I think all cases which have been operated on should be published, no matter what may be the result. I, therefore, give the following notes of a case which I operated on, as they may be interesting.

On August 9th, 1877, I attended Mrs. R., who was delivered of a female child. I found on its back, where the spines of the three last dorsal vertebrae should have been, a tumour about the size of a pigeon's egg, soft and fluctuating. The integument over it was of a dark purple colour, and slightly ulcerated at the upper part. The child otherwise seemed healthy, and moved its legs when the soles of its feet were tickled with a feather. I applied a pad of cotton after dressing with a little zinc ointment the ulcerated surface. I left the tumour untouched for a fortnight, only dressing the ulcer and waiting until it was healed before operating.

September 6th. At 12.30 P.M., assisted by Mr. George Moon, Resident Pupil of the County Antrim Infirmary, and Mr. Capel St. George, I tapped the tumour at the lower part and slightly to the left side with a fine trocar, and drew off about two drachms of a clear fluid, which became slightly bloody towards the end. I then injected slowly through the cannula half-a-drachm of Dr. James Morton's iodo-glycerine solution; and, having done this, I carefully closed the puncture with a piece of lint dipped in collodion, and dressed the tumour with a little zinc ointment and a pad of cotton. I gave the child five drops of brandy in a teaspoonful of milk just before the operation. It did not seem to suffer, as it only cried a little and took the breast immediately afterwards. I visited it again the same evening at 5 P.M., and found it well; it had slept for three hours, and taken food.—September 7th. The child was doing well. I dressed the tumour with glycerin. acid. tannic.—September 9th. The child seemed very drowsy, but took food readily. The tumour seemed rather larger.—September 11th. The child was better, and the tumour felt firmer and more solid.—September 14th. The child was not so well to-day, and yesterday had

* Pathological Appearances observed in the Brains of the Insane (*Journal of Mental Science*, April 1874).

† *Medico-Chirurgical Transactions*, vol. xlii, p. 403.

‡ Read before the North of England Branch.