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.