of the orbit (arcade orbitaire), which thereby deviates below and inside.

II.—Action of the Lobes on the Cranium.

a. Two or three days after the birth of a rabbit, the superior part of the left hemisphere was taken out; the bones were brought together and united closely; the brain began to grow up from its lower lobes in the space thus left empty, and the base of the cranium of that side took part in that upheaving, at the same time that the vault of the cranium lowered itself to join and close in with the diminished brain. Many cranial depressions may be referred to a similar process of repair and adaptation.

b. More remarkable yet is the result of extirpation, not merely of a part of a hemisphere, but of the whole. After four or more weeks, the animal being killed, the depression of the cranium is more marked than in the partial operation; and the space or vacuum, instead of being filled by a *poussée* of cerebral matter from below, is occupied by a mass of serosity.

III.—Action of the Cranium on the Brain.

a. In some American Indian tribes, among the more civilised Peruvians and Mexicans, in some departments of France, even to this day, the head of the new-born is compressed between boards, or by bandages, manipulations, and other practices. Happily, the brain, receding to some extent before the local pressure, undergoes in another direction compensatory expansions which prevent the atrophy of the brain and its worse psycho-physiological consequences.

b. On the other hand, the abnormal enlargement of the cranium, consequent on excessive training or straining of the brain, and its sequels of acute meningitis in the young and of softening in the adult subject, are too familiar to delay the conclusion of our main idea, which may be summed up, without concession to a hypothetical phrenology, in these terms: The brain and the cranium are from the beginning modelled upon each other, and subsequently the form of the cranium continues to influence that of the brain, and the *poussées* or the *collapses* of the brain continue to influence the form of the cranium.

From these three sets of experimental evidences, and from the previous physiological observation of our subject, we cannot hesitate to conclude that the lesions are located behind the basic and lateral depression witnessed by his mother; that the corresponding ganglia and nerve-expansion of audition and vision are affected; that the other parts of the brain are sound; and that his idiocy or isolation is of sensory origin.

I brought this case to your appreciation, Mr. President, not because it is unique, or even rare; on the contrary, because it is typical of a large class of sufferers from a wrong diagnosis. I choose to call this *isolation of the mind from the world by lack of intervention of the senses, or sensorial idiocy*; because—1. It distinguishes well the effects of sensory isolation from those of defective hemispheres or *mental idiocy*; 2. It opens the way for a subdivision of sensorial idiocy: (a) by *organic defects* of some of the sensory apparatus, of which I present Geo. as the type; (b) by the *functional incapacity* of some sensory apparatus (dormant function), of which Robert (*Obs. xlviii, on Idiocy*, etc., page 422) is a good example; (c) by *restraint*, inflicted previously to the acquisition of the sum of perceptions sufficient to constitute the minimum stock in trade of knowledge of an ordinary mind, of which Caspar Hauser was the most conspicuous martyr.

POISONING BY YEW LEAVES.

By T. WHITEHEAD REID, L.R.C.P.Lond., etc., Canterbury.

I HAVE read with interest "The fatal case of poisoning by Irish yew", recorded in the JOURNALS of September 1st and 8th. A case of poisoning from the same shrub has occurred in my practice this year.

H. E., a widow, aged 24, on April 9th, at 7 A.M., deliberately champed up and swallowed three large mouthfuls (representing three small sprigs) of Irish yew (*Taxus fastigiata*), which she had gathered at 8 P.M. the previous day, having gone supperless to bed. At 7.30 A.M., she drank a cup of tea. At 8 A.M., she began to feel sick, and drank a second cup of tea. At 8.30 A.M., she vomited for the first time. Between 9 and 10 A.M., she fainted, vomited three or four times, became insensible, and was finally found on the floor in a state of collapse. Salt and water were administered as a domestic emetic.

At 1.15 P.M. (six hours after eating the leaves), I first saw her. The symptoms were those of syncope: pallor of face, lividity of lips and eyelids; vomiting from time to time; partial unconsciousness; very marked irregularity and depression of the heart's action, with a small thready pulse, at times imperceptible, at times frequent, of short duration, small volume, and diminished power; the heart's action was very feeble and undulating, its sounds indistinct, yet the ventricular

systole not interrupted enough to cause a dicrotous pulse. The pupils were widely dilated, though they acted slightly to light. The tongue was moist and tremulous, stained of an uniform brown colour. The respirations were shallow, irregular, often sighing. The skin was cold and bathed in perspiration. She was able to be roused, and could answer questions sensibly at intervals, but eventually coma ensued. There were no spasms nor convulsions, though twice I noticed a slight tremor come over her frame. She was restless at times, turning from side to side in the bed. There was no headache, tenderness of stomach, nor diarrhoea; no paralyses, nor any rash on the body.

At 2 P.M., the stomach was washed out by means of a pump until the washings were colourless; portions of leaves and stalks, but no food, appeared. By 3 P.M., she had considerably roused from her collapse; a mustard poultice, hot bottle, warm clothing, sal volatile, and brandy did still more for her.

By 6 P.M., an intense thirst had arisen. She took three large cups of hot tea with milk, which produced copious vomiting, more portions of leaves and stalks appearing.

At 9.30 P.M. (fourteen hours and a half since the poison and seven since the stomach-pump), a great improvement had taken place in her condition. The skin was warm and moist; the temperature 98.3 deg.; and the pulse regular as to rhythm, though not to frequency, the beats varying between 80 and 96 per minute. There were headache and thirst. The vomited matters had become duodenal in character, being more tenacious, and containing bile and food as well as leaves, the sharp points of which were well embedded in mucus; she had vomited four times since 6 P.M. The patient's memory was a blank from 10 A.M. to 4 P.M.; she did not even recollect the stomach-pump.

Her catamenia commenced in the morning prior to eating the leaves. She held her urine all day and until 6 the next morning. Milk and brandy were frequently administered. She slept lightly during the night. The case progressed to a favourable termination. The pulse remained very irregular in frequency (accompanied by sensations of "heart-stopping") for three days, varying between 55 and 92; its rise was quick and volume diminished. The temperature never exceeded 99.9 deg. The headache disappeared on the 10th at 1.15 P.M. The thirst continued till the evening of the 11th, and the staining of the tongue lasted four days. The bowels (which had been confined for two days previously to taking the leaves), by means of castor-oil, acted on the 10th, at 6 A.M. and 2 P.M., the stools containing portions of leaves and stalks, as also on the 11th, at 4 A.M., when some oily matter of a greenish hue and a small blood clot were noticeable. The urine, which measured four pints in the twenty-four hours on the 12th, varied in specific gravity from 1011 to 1017, contained uric acid in abundance, with large crystals resembling cystine in appearance, as well as lozenge and halbert-shaped ones of all sizes; there were variable amounts of albumen and phosphates during the eight days that it was examined. By the 18th, she had returned to her usual state of health. One of the mustard poultices applied to the nape of the neck slipped down to the posterior border of her left scapula, and made a raw surface of the size of the palm of a hand, which was very slow in healing.

In conclusion, I may add my conviction that this woman would have died but for timely treatment. There was a very marked improvement in her condition after the stomach was washed out, though even then she was prone to relapse into her former lethargic condition; and the necessity arose for more active measures to keep her awake, though these again were soon able to be discontinued. The vomited matter was neutral to test paper.

The cases on record of poisoning by yew leaves are few. Putting aside the suicide of Cativolcus, related by Caesar (*Comment.*, lib. vi, sec. 31), Dr. Percival, in *Medical Commentaries* (vol. vi, page 33), relates the death of three children in 1774, who were killed by the fresh leaves, the dried ones having no effect; but he did not see them till after death. Dr. Mollan brought before the Dublin Pathological Society's meeting, on March 22nd, 1845, the case of a lunatic who died in fourteen hours, at the Richmond Asylum, after chewing this plant. (*Dublin Hospital Gazette*, No. 7, May 15th, 1845, page 108). A death, ascribed to an infusion of the leaves, is registered between 1838 and 1839; and one is mentioned in the *Edinburgh Annual Register* (vol. vii, page 162). Metzger mentions (page 397) two cases of death from the leaves and berries. Though an alkaloid, "taxin", has been extracted, it must not be forgotten that there are probably other active principles as well; neither must we overlook the physical features of the little leaves, which give them irritant properties and cause them to adhere tenaciously. Peretti analysed the leaves in 1828 (*Journal de Pharmacie*, tome xiv, page 537). Orfila classifies yew as a narcotic poison (vol. ii, chapter iv, page 165, edition ii, 1821). Pereira calls it acro-narcotic, and says it holds an intermediate position between savin and foxglove. Schroff has pointed out the analogy between poisoning

by yew and juniper. Köhler says, in necropsies after juniper poisoning, the brain, as well as the abdominal organs, has been found very much congested. Huseman gives congestion and ecchymoses in stomach, fulness of abdominal vessels, and, in the case of pregnant women, inflammation of the uterus, as revealed *post mortem*, but no theory of its physiological action.

The treatment, beyond emptying the stomach, has not altered since Nicander wrote his *Alexipharmica*, where, at lines 611 to 615 (if I may make a literal translation), he says: "Do not take the poisonous yew, the Cretan pine, giver of mournful death; which, however, an unusually strong full draught of (unmixed) wine can conquer at once, when it is stuffing up the throat and narrow windpipe of the man."

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

HOSPITAL NOTES.

ROYAL SURREY COUNTY HOSPITAL, GUILDFORD.

Fracture of both Clavicles in an Old Man. (Mr. TAYLOR.)—An old man fell from a scaffold thirty feet and fractured both his clavicles, but sustained no other injury. A thick elongated pad was passed under each arm and embraced the shoulders; the ends of both pads, being united behind, forcibly retracted the shoulders and retained them in position; the fractured ends of the clavicles were thus brought into apposition. The arms were then bandaged to the body, with the elbows drawn well backwards, and the man was placed on a water-bed in the supine position. The water-bed proved very useful as a means of keeping the man quiet by preventing him from turning on his side and so displacing the bandages. He has been kept thus for three weeks: the right clavicle has united without deformity, and is quite firm; the left has produced a considerable amount of callus at the seat of fracture. He has suffered no pain.

Suppuration of the Bursa Patellæ. (Mr. TAYLOR.)—A woman, a month after confinement, had, without apparent cause, been attacked with inflammation and subsequent suppuration of the bursa patellæ. She had continued to get about as long as possible; but, after three weeks' illness, was obliged to seek medical relief, and was admitted to the hospital. It was then found that not only had the bursa suppurated, but that suppuration had extended to the cellular tissue around the joint, and the skin and cellular tissue around were involved to a considerable extent. At first glance, the joint appeared to be involved; but, on careful examination, and from the history of the case, it appeared probable that the synovial sac might be free from injury. Free incisions were made in various directions into the suppurating cellular tissue, a poultice was applied, and the joint was kept at rest by tying it up in a pillow. There were no signs of inflammation of the veins of the leg. The incisions are now nearly all healed up, and the joint is found to be free of disease.

In another case of inflammation of the bursa patellæ following a blow, the sac was opened freely as soon as an increase of heat and redness, with a rise of the temperature to 102 deg. Fahr., indicated suppuration. The patient was thus saved from the complications met with in the former case from neglect of surgical treatment.

Ovariectomy. (Mr. CHARLES SELLS.)—A woman aged 28, of highly nervous temperament, tall and slightly built, was attacked with abdominal pain, for which she came under treatment. She had been married three months, and, a few weeks previous to this illness, had noticed some enlargement of her abdomen. When seen by Mr. Sells, senior, the diagnosis was made of a small ovarian tumour, with acute peritonitis. She was bled from the arm with great relief of the symptoms, and soon recovered. From this time, the tumour rapidly increased in size; and, when she was admitted to the hospital five months later, the abdomen was found uniformly distended and globular, with slight enlargement of the superficial veins; the umbilicus was prominent. A small rounded tumour was left distinctly fluctuating and moving with the respiratory movements. On auscultation, a rubbing sound was heard over the tumour on deep inspiration. The region occupied by the tumour was dull, the flanks were resonant. Internal examination showed that the uterus was not enlarged. The tumour was aspirated, and four ounces of turbid and highly albuminous fluid were drawn off; much abdominal pain followed. A week later, forty ounces of fluid were drawn off, and the patient left the hospital, but

was soon readmitted, the cyst having filled again. Ovariectomy was then determined on. The patient being under chloroform, Mr. Sells made a median incision three inches and a half in length; the tumour was found free from adhesions, and about a pint of turbid fluid was drawn off. It was then found that a large portion of the tumour was solid; the incision was slightly enlarged, and the tumour withdrawn from the abdomen. The pedicle was transfixed with an aneurism-needle carrying a stout hempen ligature; it was tied in two halves, and returned to the abdomen after the tumour had been removed, the ligature being cut short. The pelvis was carefully sponged out. The abdominal incision was closed with deep sutures of carbolised catgut, the peritoneum being included in the sutures. The patient made a rapid convalescence, without any bad symptoms, and was discharged a month after the operation. The tumour weighed fifteen pounds, of which four consisted of solid matter.

Pneumonia Treated by Venesection.—A strong and healthy man, aged 19, was suddenly attacked with the usual symptoms of the onset of acute pneumonia. He was seen the first day of the disease, and then complained of great pain in the left side of his chest, with much difficulty in breathing, and was very restless. His tongue was dry and the urine scanty; respirations 50; pulse 108; temperature 104 deg. Fahr. The fourth day of illness, he was still unrelieved, the pain in the chest and general distress had prevented any rest for three nights, but he was able to take plenty of fluid nourishment. The physical signs of extensive hepatization of the left lung were fully established, and it appeared probable that pleurisy extended to the diaphragmatic surfaces, as upward pressure through the abdominal walls much increased the pain. He had been treated with a mixture of diffusible stimulants, and had taken frequent small doses of champagne. Mr. Sells now bled him from the arm to eight ounces; this was followed by almost immediate relief of the symptoms; the pain and sense of oppression in the chest were removed, profuse perspiration followed; by night the temperature was 100.9 deg., a fall of three degrees from the morning; pulse 96; respirations 42. He slept that night for five hours, the first rest obtained during his illness. The next morning, *i.e.*, the fifth day of illness, the temperature was 101 deg., respirations 40, pulse 98. The patient was nearly free from pain, and was able to lie down. On the sixth day of illness, the temperature was 99 deg. Fahr., and the patient was convalescent as regarded his symptoms.

Valvular Disease of the Heart, with Dilatation of the Aorta. (Mr. BUTLER.)—An old-looking man, a farm-labourer, aged 54, complained of troublesome cough and great difficulty in breathing, coming on in attacks if he moved about, and especially if he went up hill. He complained of no pain, dysphagia, or other sign of intrathoracic pressure. He had been able to continue his work till a month before admission to the hospital. He had never had rheumatic fever, and the only illness he remembered was an attack of dropsy in the legs twelve years ago. Physical examination showed a locomotor pulse, well seen in each radial artery and at the bend of the elbow; the pulses were equal and regular. The heart's impulse was heaving and forcible; evidently the heart was much hypertrophied, and the apex-beat was displaced outwards and downwards. The area of cardiac dulness was not enlarged, though the shock of the cardiac impulse was felt over a large area; this appeared to be due to the hypertrophied heart being overlapped by an emphysematous lung. The carotids were not seen to throb; but, in the suprasternal notch between the sterno-mastoids, a large blood-vessel was distinctly seen pulsating as it rose out of the thorax at each systole, and the finger placed over it appreciated a distinct and prolonged thrill. There were also signs of disease of the aortic valves and mitral regurgitation. On listening over the vertebra prominens, loud tracheal breathing was heard as if from the windpipe being pressed backwards by a tumour in front; the voice also at this spot was very tubular. The aorta appeared to be dilated without the formation of any sacculated aneurism.

Strangulated Hernia.—A case of strangulated hernia threatened to defy all means of reduction short of operation. It was then suggested that the gaseous contents of the sac might be condensed by the application of cold; ether-spray was accordingly played on to the tumour; the tissues were thus cooled down and the tumour contracted, but the skin was not frozen. The hernia then slipped up spontaneously.

Abdominal Tumour in a Young Girl.—A girl, aged 11, received an injury to the abdomen by a fall. This produced considerable pain, and caused her to seek relief. A large firm tumour, giving an indistinct sense of fluctuation, was found in the umbilical region, extending over to the right side. It was evidently independent of the liver, and could be moved laterally. The age of the girl rendered a vaginal examination inexpedient. The tumour was aspirated at its most prominent part, and a few drachms of blood-stained serous fluid were drawn off. After this, there was no more pain, and the tumour appeared to