suppressing duelling, and adopted the extreme course of forbidding Dr. Bland, the surgeon in question, to return to England. Accordingly he selected Sydney as his future home, and was one of the first, if not the very first, private practitioners to settle in the city. After a time it was intimated to him that his sentence of banishment was removed, but at that time his interests were so identified with his new home that he declined to take advantage of the liberty granted him. Dr. Bland, although an enthusiastic and successful surgeon, became much interested in politics, and took side with the "Patriot" party, working hand in hand with W. C. Wentworth for the attainment of responsible government for the colony. It was Dr. Bland who in 1818 founded and liberally endowed the Benevolent Asylum, also the Sydney College, afterwards the University, the original building being now used as the Sydney Grammar School.

Bland was also active in establishing the Sydney Dispensary in 1826, and was for many years a member of the staff. The General Hospital in Macquarie Street was at this time really a convict hospital, free persons being admitted only after a petition to the Governor, and on certain formalities which considerably restricted its use by that portion of the community. At the dispensary, which was in Pitt Street, persons recommended by subscribers were treated as out-patients and at their own homes. The city and suburbs were later on divided into districts, each division being under the care of a different member of the staff. This arrangement being unfavourable for the undertaking of capital surgical operations, and the hospital as we have seen not being generally available, Dr. Bland used his influence and induced the directors of the Benevolent Asylum to allow such cases to be treated in their institution, and we find in consequence that Dr. Bland got through large arrears of operations in consequence of the facility thus afforded. Amongst others are mentioned many cases of cataract, the accumulation of years, lithotomies, and operations on the large arteries. He also introduced scientific improvements in reducing dislocations and in the treatment of fractures. We have also recorded his successful treatment of snake bite (method not stated), of typhus (?) when raging in these colonies as it had done on three several occasions as a most fatal epidemic, and a fatal form of influenza which was prevalent between 1820 and 1827. The doctor's yellow carriage is remembered by many members of the profession still amongst us. He died in 1868, aged 79.

Of the three blocks constituting the General Hospital in Macquarie Street, the northern block was then used as the executive council chambers; and after the colony received its Constitution Act, which was brought out from England by the father of our Dr. Milford in 1843, it became the Parliament House, which it remains to this day. The central block was used at this date as the free and the southern block as the prisoners' hospital. In 1845 the southern wing had for some time been used for hospital stores, and in consequence of a representation made by the directors of the Sydney Dispensary, the Government now gave up that portion of the building to that institution for the treatment of in- and outdoor patients, and it was henceforth called the Sydney Infirmary and Dispensary. The first honorary staff was as follows:—Physicians: George Fullerton, M.D.; John MacFarlane, M.D. Surgeons: Charles Nathan, Farquhar McCrae.

In 1848 the Government altogether discontinued the maintenance of the General Hospital, and entered into an arrangement with the Sydney Infirmary and Dispensary for the latter to treat pauper patients upon payment of their expenses by the Government. The importation of convicts had, prior to this, ceased entirely, and patients of that class still remaining on hand were treated at the barracks at the top of King Street, afterwards the Immigration Depot, now the District Court, and at the hospital at Parramatta. At this time the Government gave a promise, which was not redeemed until 1878, to confirm the possession of the present site to the infirmary and dispensary. The latter then vacated the old wing, now used as the Mint, and took in exchange the central block of the General Hospital, vacated by the Government. In 1859 the present stone south wing was built and reserved entirely for female patients. In 1879 the old building was pulled down in consequence of its insanitary condition. When the building was removed it was found that the founda-

tions were saturated with sewage. It was understood that the materials of the old hospital were not to be used again for building purposes, but as a matter of fact they were nearly all utilised in building some stores at the lower end of Pitt Street, opposite Change Alley, where the pillars, both wood and stone, may still be recognised supporting the joists of the different floors, the wooden ones, with few exceptions, being as sound as they were the day they were cut down from the forest. The present wooden structure was erected as a temporary makeshift, but it was little thought at the time for how many years it would have to do duty as the principal hospital of the city. The work of erecting a new stone hospital was immediately commenced, but owing to want of funds and a change of ministry the work was stopped before the first storey was completed, and the building has remained at a standstill for many years. Whether the building of the hospital should now be resumed, and in what manner it should be completed is one of the burning questions of the hour in the Colony, and one to which the Sydney and New South Wales Branch of the British Medical Association has already recorded its answer.

CEREBRAL SUPPURATION FOLLOWING ON INFLUENZA.

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THE recrudescence of influenza during the present year induces me to put on record two cases of abscess of the brain following on influenza, and apparently due to it, which came under my care in St. Thomas's Hospital in the early part of last year.

In both cases the patients were attacked, between two and three months before death, with symptoms which resembled, and were taken for, those of influenza. In the first case cerebral symptoms came on early, and continued with variation and ingravescence to the end. In the second, headache was one of the early complaints, and never left her; but it was only latterly that the symptoms indicated the presence of grave cerebral disease.

I need not discuss the clinical phenomena of my cases, which, although pointing definitely to cerebral mischief, were so far vague (as is so often the case in connection with cerebral suppuration) that they did not suggest to me the presence of abscess of the brain. Indeed, the facts which led me to believe that the abscesses in these cases were referable to influenza are (1) acute onset with symptoms indistinguishable from those of typical influenza, and (2) that none of the usual causes of abscess of the brain were, or had been, present. There was no history of accidental injury, there was no lesion of any part of the osseous walls of the skull or of the membranes, no ear or nose disease; there was no trace of acute inflammation or of suppuration in any other part of the system, and nothing whatever to suggest pyæmia.

That cerebral symptoms and symptoms of affection of the spine and peripheral nerves are liable to occur in influenza is generally admitted; and such cases have come within my observation both in the last and in the present epidemics. From among these I venture, as an addendum to my paper, to give notes of three I have lately seen in which there is reason to believe that influenza was the starting point of cerebral disease which proved fatal, and which in each case may have been suppuration.

But in none of these latter cases was the diagnosis confirmed by *post-mortem* examination, and their real nature, therefore, remains undetermined; and I confess that I should not have ventured to suggest that their symptoms were due to cerebral suppuration but for the experience derived from my other two cases.

CASE I. *Influenza (?) Abscess of Brain.*—C. M., a carman, aged 24, was admitted under my care on February 25th, 1890. His present illness began suddenly about two months previously with shivering, severe headache, and pains all over him. He was in bed a week, during which time he complained of severe pain in the back of the right thigh. Two days afterwards, in the morning, he had a fit, in which his

jaws were tightly closed, he frothed at the mouth, and his right hand was clenched. He struggled and would have fallen had he not been caught. He lost power of speech, but did not actually lose consciousness. The fit lasted about ten minutes. The following night he had another similar fit; after which his speech was confused for some time, so that his mother could not understand him. For the next fortnight he remained free from fits, but, during this time, he suffered from pain in the head, with throbbing and tenderness, pain in the right thigh, weakness, and faintness. Subsequently he had seven more fits, of which the last occurred about five weeks before admission. The last of the series was more severe than the others, and in it he bit his tongue badly, but did not pass his evacuations. Shortly afterwards he became paralysed on the right side and lost in great measure the power of speech. He has remained in this condition ever since, but, additionally, suffering from pain in the head (very severe at times, and then associated with partial coma), from progressive loss of flesh and strength, and more or less want of control over bladder and rectum. His mother states that he has appeared to understand all that has been said to him, that occasionally he has called his relatives by their names, and occasionally has uttered short appropriate sentences, such as "Shut the window!" He has slept well, and has taken food readily. His bowels have been constipated.

He is an emaciated man, with vacant expression and complete right hemiplegia. He is depressed and dull; hears what is said to him, and occasionally does what he is told to do, but does not speak or attempt to speak. There is slight ptosis on the left side, and the movement of the eye inwards is imperfect. The movements of the right eye are normal. He can see with both eyes. The left pupil is somewhat larger than the right, but both act to light. There is much swelling of both discs, which are greyish in colour and have no clear margins; bright white streaks covering up vessels in places and several small hemorrhages in both fundi. Veins swollen and tortuous. The lower part of the right side of the face is paralysed, and the tongue is protruded markedly to the right. He is unable to move either the arm or the leg of the right side. There is no rigidity; the tendon and plantar reflexes are present on both sides. So far as can be made out there is no impairment of sensation. The thoracic and abdominal organs appear to be quite healthy. The urine has a specific gravity of 1015, presents amorphous phosphates and a little triple phosphate, but neither pus nor albumen. He has incontinence of urine.

Excepting that he became more and more apathetic and difficult to rouse, there was no change in his condition until the 28th: in the evening of which day his temperature (which had hitherto been normal or subnormal) rose to 100.2°; he became comatose, his breathing stertorous, and his face livid. This was at 6.30; at 9 he died; the coma and febrile rise of temperature continuing to the end.

Necropsy.—The apex of the right lung presented two or three old caseous nodules. With this exception, there were no indications of disease either in the chest or in the abdomen. The skull and dura mater were healthy. There was little or no subarachnoid fluid, and the surface of the membranes felt sticky; the pia mater was congested; the convolutions at the surface of the brain were flattened. On slicing the hemispheres about two ounces of tenacious greenish pus escaped from an abscess cavity. Further examination revealed the presence of an abscess about as large as a small tangerine orange in the upper part of the left hemisphere, and occupying the posterior part of the frontal, and the adjoining part of the parietal lobe. It presented well-defined walls, and was evidently of not quite recent origin. The ventricles contained an excess of serous fluid, and their parietes were somewhat softened. Beyond congestion, nothing abnormal was observed at the base of the brain. There was no disease of the ear, nor any other condition tending to throw light on the origin of the abscess.

CASE II. Influenza: Abscess of Brain.—C. C., aged 14, a scholar at King Edward's School, was admitted into St. Thomas's on April 17th, 1890. During the last fortnight of January, 175 girls at the school and two mistresses were attacked with influenza, C. C. being one of the number. She was taken ill on the 19th, with headache and pains in the legs, watery discharge from the eyes and nose, cough, vomit-

ing, and a temperature ranging from 100° to 101.4°. The attack was of short duration, most of her symptoms having subsided in the course of two days. But she did not fully regain strength, and headache never entirely left her. About a month before admission her headache increased; about a fortnight later it became considerably aggravated, and she vomited; and from this latter date it continued severe. Two days before admission her symptoms became much more serious. She was again attacked with vomiting, and her headache became extremely intense, being referred to the temples and eyes, the back of the head and neck, and coming on in frequent severe paroxysms. She had neither rambled nor had any fits.

She is a weakly-looking child, with an anxious expression, and from time to time uttering piercing shrieks, caused by agonising pain in the head. This is constant, but presents paroxysmal exacerbations coming on every five or ten minutes. It is not now referred to any particular region, nor is there any tenderness. The muscles of the back of her neck are rigid, and at times she complains of pains along her spine and in her lower extremities. Her mind seems scarcely, if at all, affected; and she answers questions put to her readily and rationally. She has marked photophobia, and the pupils are unequal (the left being the larger); but both act to light and accommodation. There is no squint and no trace of optic neuritis. Her hearing is acute on both sides, and there is no evidence whatever of ear disease. She has no paralysis or anæsthesia, and her reflexes are normal. Tongue coated with brownish fur; sordes on teeth; evacuations passed normally. Heart and lungs healthy; pulse 80, weak and slightly irregular; respirations 22. Abdomen flaccid; no retraction of walls. Urine, specific gravity 1027; acid; a trace of albumen; no sugar. Temperature 99.6°.

There was no material change in her symptoms during the next day. She went to sleep in the evening, and slept till 1 A.M. on the 19th. She then woke up screaming. Subsequently she was very restless, and her sleep was interrupted by fits of screaming. At 10.15 A.M. she was lying on her back in a semi-comatose condition, with some arching of the spine, and arms flexed rigidly on the chest. The coma and rigidity became more pronounced, and at 11.30 A.M. she died. The temperature on the day of admission varied from 99.8° to 98.4°; and subsequently never was above 97.8°.

Necropsy.—All the thoracic and abdominal organs were healthy. The surface of the brain was generally pale, dry and sticky, but there was nowhere any inflammatory exudation. The large veins were distended, and the sinuses contained a little fluid blood and recent coagulum. The brain generally was healthy; but situated in the right occipital lobe, and adjoining part of the sphenoidal lobe was an abscess about as large as a tangerine orange. The parietes were well defined, their inner aspect being shreddy, and the brain substance immediately adjoining being softened and discoloured. The purulent contents were thick and somewhat ill-smelling. There was a small communication between the abscess and the descending cornu of the lateral ventricle, which contained about a drachm of thin pus. A smaller quantity of similar fluid was found in the left ventricle. The dura mater was perfectly healthy; and there was no trace of disease in any part of the bony parietes of the skull. Both ears and the frontal sinuses were specially examined, and were found healthy. The spinal column, the membranes of the cord, and the cord itself, were also healthy.

CASE III. Influenza (?) Brain Symptoms: Death: no Necropsy.—Miss H., aged 17, was seen by me with Dr. Joseph Lees, on April 13th, 1891. Her mother and sisters had, during the previous fortnight, been suffering from catarrhal symptoms, which had been ascribed to influenza. She had been exposed to cold a few days before my visit; but her illness began only on the morning of the 11th; on the evening of which day Dr. Lees saw her for the first time. She was then in bed, complaining of stiffness and retraction of the neck, pains in loins and fleshy parts of limbs, and some difficulty in swallowing. The tongue was furred and white, the skin moist; the temperature at 8.45 P.M., 103.5°. The next day she was worse, her temperature in the morning was 104°; in the evening, 104.5°. During the day, and the following night, she was disposed to ramble; and on one occasion she passed her water into the bed. She lost the use of her lower extre-

mities, but it is possible that this was due to the pain she experienced in endeavouring to move them.

At the time of my visit she was quite sensible; she lay on her back holding her head somewhat stiffly; she had no headache, or affection of any of the organs of special sense: there was nothing the matter with the arms or hands; but the thighs and calves were tender, as also were the knees, of which the left was a little swollen. There was also very slight oedema of the legs. No paralysis or anaesthesia was discovered, and the tendon reflexes were all normal. She had been perspiring profusely, but the skin was now dry. Her respirations were quiet and of normal rate; her pulse, 146, regular. There was no discoverable disease in any of her thoracic or abdominal viscera, or in her throat.

I subsequently learnt from Dr. Lees that her temperature (taken by her father) during the following night was found on one occasion to be 103°, but that she afterwards became so restless that no further observation was made. At 11.15 the next morning Dr. Lees found her partially comatose, but restless and muttering at times, with half closed lids, and contracted and divergent pupils. Her pulse was weak and irregular, and her temperature 105.5°. The swelling of the left knee had almost completely subsided, and there was no cardiac murmur. Her coma gradually deepened, and she died at 6 the same evening.

CASE IV. *Influenza (?) : Brain Symptoms : Death : no Necropsy.*—Miss H., aged 24 (seen May 3rd, 1891, with Dr. Cheadle and Mr. W. L. Webber) was attacked with cough about a year ago, at which time a murmur was detected in the cardiac area, but the lungs are said to have been healthy. Her present illness appears to have commenced two months ago, when she was attacked with chilliness and fever (but no definite rigors), pains in the eyes and head, chest and limbs. The symptoms, as described, appeared to be due to an attack of influenza. These subsided after a time, and she appeared to be fairly well until a month ago, when she began to complain of frontal headache, with occasional numbness and loss of power in the right arm and difficulty of speech, which seemed rather due to an impediment in articulation than to want of words. These symptoms have increased upon her, especially during the last eight days. Her hemiplegia has become more pronounced, so that, although she has continued able to move arm and leg freely, she has attempted to write only with her left hand. Her speech has become more and more affected, and for some days past she has only been able to say "Yes" and "No," but she appears to have understood all that was said to her, and the few words which she has scrawled with her left hand have been correctly spelt. She has slept badly, has been very irritable and restless, and has been more or less constantly muttering to herself, and from time to time crying out. She has not passed her evacuations unconsciously. Her temperature has been variable but feverish, and has occasionally reached 104° F.

She is now lying in bed, seems to have general hyperaesthesia and photophobia, is irritable and restless, and difficult to examine. She moves the right arm and leg freely, but they are evidently weaker than their fellows. There is no obvious paralysis of the face or of the tongue. I am not sure that she raises the left eye so well as the other, and am inclined to think she closes this eye more perfectly than the other; but the movements of the eyes generally are normal. The pupils act to light and accommodation, but the left is generally the larger of two. Apparently she sees with both eyes. She makes vocal sounds, but produces no definite articulate words. She has no difficulty in swallowing. The lungs are healthy and her respirations normal. There is a musical systolic murmur in the pulmonic area (inorganic), but the heart appears healthy, and its action is regular and 84 in the minute. I cannot discover any evidence of disease in any other organ.

I only saw this patient on one occasion; but since her death, which occurred about nine days after my visit, I have received a note from her medical attendant, Mr. Webber, which carries on the history of the case down to that event.

Her condition gradually grew worse. The paralysis of the right side of the face and right arm varied from time to time, but sometimes seemed almost complete. It was not complete just before death. The control of the sphincters was lost about three days after I saw her. The stammering

attempts at speech become less and less; the hyperaesthesia subsided, and coma, with inability to swallow, supervened. During the last few days of her life she had violent attacks of palpitation, lasting about five minutes each, and three days before her death the temperature rose again to 104°.

CASE V. *Influenza (?) : Brain Symptoms : Death : no Necropsy.*—Miss S. H., aged 18 (seen May 13th, 1891), had been anaemic of late, but otherwise seemed to have had good health. She began to be vaguely poorly twelve days ago, but her illness came on acutely five days later with pains in the limbs and other symptoms, which appeared to be identical with those which several other members of the family had been suffering from, and had been attributed to influenza. In the evening intense earache attacked the left ear, and before long the right ear also became involved. She passed a night of great agony, but by the morning the earache had entirely subsided, leaving her, however, deaf. The following day she remained very poorly, and was very sick, and towards the evening she complained of feeling intensely hot. During the ensuing night she was very restless. The next morning the temperature was found to be 105°. Since then she has been very ill, and her temperature in the morning has usually been about 106°. It has fallen, however, to 101° or so during the day, and her nights have been for the most part fairly comfortable. Yesterday signs of pneumonia were for the first time detected, her headache became more intense, and she began to ramble a little. Later she became, and has continued, maniacal, and has suffered from hallucinations, her temperature remaining uniformly high. She is now maniacal; her skin feels hot, and is perspiring slightly; her temperature is 106°. There is a systolic murmur at the apex of the heart, which I am inclined to believe is "functional." The pulse is 136, regular. Her respirations are not rapid; she has a slight cough at times but no expectoration. There is dulness on percussion, with tubular breathing and crepitation over the lower half of the left lung behind. The tongue is somewhat coated, the pupils are normal, the special senses seem unaffected: there is no paralysis; the skin is free from eruption, and there is no herpes on the lips. She died on the 15th.

NOTES OF UNCOMMON CASES

Shown to Illustrate Lectures delivered to the London Post-Graduate Course.

By JONATHAN HUTCHINSON, F.R.S.,
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AMONGST the cases shown before Mr. Hutchinson's lecture on May 19th, were the following:

Exemption of the Oculo-nasal Nerve in Herpes of the Forehead.—A case of herpes frontalis in an old man, who was nearly bald. The eruption covered nearly the whole of the forehead, extending about to the middle of the scalp. On the nose it affected severely the right side of the bridge, but below this there was not the slightest trace of inflammation. The lecturer stated that his chief interest in the case was to demonstrate the limitation of the eruption by nerve distribution, and more especially the important anatomical fact as to the oculo-nasal nerve, to which he had himself many years ago called attention. The oculo-nasal twig, as its name implies, is distributed to the nose and to the eye. If it is affected herpetic vesicles will appear on the tip of the nose, and the eyeball itself will inflame; whereas if the region referred to escape, so also in most cases will the eye. The case produced illustrated this law most definitely, for although the eruption was very severe on other parts and in close proximity to the eye, the latter was itself entirely free from irritation. The fact that herpes is a disease of the nerves and not of the skin was strongly insisted on, and attention was asked to the circumstance that its inflammatory secretions are wholly incapable of infecting adjacent parts.

Severe Symmetrical Gangrene of the Extremities.—The next case shown was a very remarkable one of symmetrical gangrene of the extremities. The patient, a man, aged 37, had lost the extreme tips of all his toes and the borders of both his ears, whilst the ends of all his fingers on both hands were in a condition of mummified gangrene. They