the inguinal aneurism; the popliteal aneurism is before you on the table. The gentlemen for whose assistance I am much indebted are Drs. Cousins and Axford, Messrs. Morley, Pike, and Madeley, and my colleague Mr. W. Mark Atkinson.

The chief points of interest in this case appear to me to be—

1. *The Rarity.*—I have not been able to get at the statistics of such cases; but, considering that the external iliac has only been tied about a hundred and fifty times during the last twenty years, very few of those operations must have been for a double aneurism, but generally for aneurism of the femoral artery.

2. That a man, in so short a duration of time, should undergo two capital operations with no subsequent symptoms of danger to life.

Of course, you have observed, at every stage of the progress of the case, points of great interest, yet it appears to me that the two I have mentioned are the greatest. The number of dangers which surround a patient when a large artery is exposed and tied are very numerous; in this case, after the ligature, the femoral aneurism was consolidated, and the wound healed without a bad symptom; but, for the gangrene of the foot and subsequent amputation of the thigh, I have no doubt but that the cure of the popliteal aneurism would have been as perfect as that of the femoral is. The specimen on the table is not half the size that it was originally, which is proof that, in less than four weeks after the ligature of the external iliac, it was rapidly approaching a perfect cure. I think, without my taking up your time further to explain the reasons why I amputated above the knee, they will appear to you obvious.

TUBERCULAR MENINGITIS IN AN ADULT IDIOT: NO TUBERCLE FOUND IN LUNGS.

By OSCAR T. WOODS, M.B. Dublin,
Senior Assistant Medical Officer, Warwick County Asylum.

EMMA DAFFORN, aged 16, a congenital idiot, was admitted September 3rd, 1870. She had little knowledge of time or place; said she was six months old; that her sister (aged 4), was 19. Her mother stated that for the past nine years she had gradually been becoming more vicious, and was now exceedingly troublesome, biting and beating the other inmates of the house. Of late she could not be taught to do anything, but in early childhood was not looked upon as very stupid. She went to school, learned her alphabet, and improved, but had at length to be taken away, as she beat the other children. If displeased, she tore her clothes. She could sew, but broke her needles when she fancied she had done enough. There was no consanguinity of parents. Her brother died of phthisis. She was a low-sized strumous-looking girl, with low forehead, bad cranial development, highly arched palate, and little facial expression. She said she was six months old; that she had five fingers altogether. She could count up to ten; did not know the days of the week.

While a patient in the asylum, she was always exceedingly emotional, jumping up at times while sitting quietly, and striking those about her without any cause; was occasionally ill-tempered and vicious. She attended school, and improved a good deal. The following note was made on March 16th, 1873. "Attends school, and is improving; works well with her needle; is an useful ward-helper. Health very good."

September 17th. She had been complaining for the last day or two of not feeling well. To-day, she was confined to bed, and complained of headache, lassitude, diarrhoea, and vomiting. The pulse was 120, and weak; and the countenance flushed and anxious.

September 20th. Vomiting and diarrhoea had now subsided. The patient lay in bed, not caring to speak. She complained of pain in the head at the least noise, but said she was better. She was much annoyed by the light, and ground her teeth when dozing, and frequently started up frightened. Pulse irregular, 60.

September 24th. The symptoms were very well marked. She was now drowsy, but, when questioned, brightened up, and expressed herself as better. The skin was hot, and the bowels constipated. She complained of great pain in the head. There were marked internal strabismus of both eyes, and twitching of the muscles of the upper eyelid. Pulse feeble, 80.

September 26th. Her rest was much disturbed; she started at the least noise, and was delirious at times, but, when collected, knew those about her. Her memory was much confused. There was a good deal of twitching of the muscles of the face, both sides being equally affected. Strabismus continued well marked. The pulse had to-day risen to 120.

September 28th. She had had two slight convulsive seizures, princi-

pally affecting the muscles on the left side of the face and left upper extremity. She could not be roused. Pulse 126, very feeble.

September 30th. Convulsive attacks were more frequent, but not more severe. The twitching of the muscles of the face was now continuous. She could not articulate, but kept muttering. She lay in a comatose state, passing her urine and feces under her. The pulse could not be counted.

October 1st. She died at 1 A.M.

NECROPSY, thirty-three hours after death.—The body was well nourished. Rigor mortis was present. The bones of the skull were thin and diaphanous. The dura mater was adherent to the calvaria along the longitudinal groove. The arachnoid, at the base and over the cerebellum, was opaque, thickened, and of a dirty green colour; there was some subarachnoidal effusion. A flaky deposit of lymph covered the circle of Willis and the pons. The pia mater lining the sides of the fissures of Sylvius was adherent, and studded with minute granular bodies. The course of the middle cerebral artery on the right side was marked by thickening of the arachnoid, and the vessel itself was surrounded by an effusion of yellow lymph. This condition was not present on the left side. The substance of the brain generally was somewhat softened; the grey matter of the convolution was very pale. The ventricles contained about an ounce of clear fluid. The velum interpositum and fornix were of pulpy, almost creamy consistence. On section of the corpus striatum and optic thalamus on the right side, six or seven tubercles, some as large as peas, were seen; they were hard, and slipped from under the knife. A pale flaky deposit covered the right optic thalamus. There were no tubercles on the left side. Two-and-a-half ounces of fluid escaped during the section and removal of the brain. The brain weighed 40 ounces. Both lungs were healthy and free from tubercle. The heart weighed 5½ ounces; the valves were competent. The peritoneum was free from tubercle. The other organs of the body were healthy.

REMARKS.—The above case seems to me to be interesting, owing to the unfrequency of tubercular meningitis occurring at this age without tubercle in other organs, the well marked symptoms during life, and, lastly, the characteristic appearances found after death.

GONORRHOEA; ENDOMETRITIS; OOPHORITIS; OVARIAN NEURALGIA; LATERAL FLEXION.

By T. EDWARD WILLIAMS, M.R.C.S., Talgarth.

EARLY in February 1873, Dr. Holt, at that time acting as my *locum tenens*, was requested to visit E. D., aged 15, whom he found suffering from acute gonorrhoea. A fortnight later, on my return home from London, I found symptoms of endometritis and ovarian congestion added; and, shortly following, there was severe ovarian neuralgia, coming on early in a morning, and lasting six or eight hours. The pain was relieved by hypodermic injections of morphia, and the paroxysms gradually occurred later in a morning and with diminished severity. The acute gonorrhoeal and inflammatory uterine and ovarian symptoms had, on April 18th, subsided; but the girl complained of great pain down the left leg, a sense of numbness in it, and inability to sit upright for any time. She was wretchedly thin, and there still was some yellow-coloured discharge. The parents, respectable people, refusing to allow me to make a vaginal examination, I threw up the case, and the girl went as an in-patient into the Brecon Infirmary.

July 8th. I was again begged to see the girl, as she had come out of the Infirmary, and had since become very ill. I acquiesced, provided I was allowed to treat the case my own way—a condition now readily acceded to by the parents, who were alarmed and almost hopeless about the state of their daughter. I found the patient in bed, worn and emaciated, suffering excruciating pain around the posterior aspect of the left ilium, extending down the left thigh and leg. There was almost complete inability to lift the left leg when walking, necessitating its being dragged after the right. She found it impossible to sit upright, and, when out of bed, was obliged to be, as she described it, "in her doubles". The bowels were constipated. The bladder was rather irritable. There was a copious vaginal discharge, though not nearly so yellow as when I last attended her. Her appetite was bad; her nights were restless. On examining the abdomen, there was complete dullness on percussion in the left iliac region, together with pain and tenderness. On examination *per vaginam*, the os uteri was found to be directed slightly towards the left of the median line; and to the left of the os, and continuous with it, was found an ovoid swelling.

I diagnosed latero-flexion; but, owing to my failure in attempting to