or adjacent softening. In its centre were two calcareous masses, irregular in shape, each about the size of a bean. The microscopic characters were most nearly those of a glioma. No structural lesion could be found elsewhere in the brain.

REMARKS.—That the tumour was the cause, direct or indirect, of the convulsive attacks must be regarded as highly probable. It was the only cause discoverable. Its duration was evidently considerable, and may well have corresponded with the duration of the symptoms. Calcareous nodules of such a size rarely form in a tumour of that character, except after a long period of time. The points of chief interest about the case are:

1. The aura existed, and probably, therefore, the convulsion commenced in the arm of the same side as that on which the tumour was situated.

2. The aura was arrested by a blister above its position and then transferred to the opposite side. The arrest by local treatment of the local commencement of a convulsion due to organic brain-disease is, of course, common enough; but migration of the aura to the opposite side in such a case is certainly a rare event.

A fit commencing by motor or sensory alterations in one side of the body must be due to changes taking place in the opposite hemisphere of the brain. Hence the commencing convulsion in this case cannot have been due to the immediate local effect of the tumour, but must have been produced by its influence on the distant grey matter of the opposite hemisphere by means of the commissural fibres, in the midst of which, it should be noted, it was placed. When, by a peripheral impression on the left wrist, such an influence was exerted on the right cerebral hemisphere as to restrain the development in it of the convulsive tendency, the influence of the tumour on the hemisphere in which it was situated was such, that that hemisphere then led the way in developing the convulsion in a similar manner by producing the same symptoms on the opposite side of the body.

The length of time which the tumour had existed without causing other symptoms is worthy of remark. It is no doubt to be accounted for by its distance from the motor tract and by its tendency to degeneration rather than to growth.

A MODE OF EMPLOYING PRESSURE IN CASES OF INFLAMMATORY ENLARGEMENT.*

By S. M. BRADLEY, F.R.C.S.,

Assistant Surgeon to the Royal Infirmary, Manchester.

MY object in this brief communication is to introduce to the profession a mode of employing pressure in certain cases of inflammatory enlargement, which, I think, will prove more efficient and convenient than the methods at present in vogue.

Whether the *modus operandi* of pressure in removing such enlargements be simply due to the support afforded to the weakened vessels, and the too abundant blood, etc., being squeezed from the part, or whether it be due partly to this cause and partly to a stimulation of the lymphatics, forms no part of my theme. I go on the idea that the advantage of pressure in certain cases of inflammatory enlargement and thickening, both acute and chronic, is well established and generally admitted, and, for the sake of brevity, shall confine my remarks to explaining the mode of compressing, 1, the testis; 2, the breast; and 3, various parts of the trunk and extremities, presuming that a little ingenuity will enable the surgeon to adapt the treatment to any other part of the body not specially named.

1. *Mode of Compressing the Testis.*—The admirable results obtained by strapping the testis in cases of orchitis are known to all; but, in spite of this, it is not as frequently practised as it should be, partly owing to the time it takes, and partly to the fact that if improperly applied, as it is apt to be, it does more harm than good, and, according to Van Buren, has even been known to cause gangrene. Further, there is the trouble of reapplying it every forty-eight hours; for in a short time the dwindling testicle hangs loose in its sticky case, and ceases to derive any good from the strapping.

The little appliance which I use obviates these disadvantages, and, while it is more efficient than the plaister, it is perfectly easy to apply. It consists of a piece of stout elastic webbing two and a half inches long by half an inch broad; five ends, each half an inch broad, are appended to each side, each of them measuring about one and three quarter inches; the upper and lower being a little shorter than the central pieces. The belt is applied to the back of the unshaven

testicle, and laced up in front from top to bottom. The last end, being placed at right angles to the rest, comes up the front of the testis, and is fastened to the first end of the tape, left long for the purpose, and by this means all is made snug and comfortable.* The apparatus is exhibited applied to an egg-pessary, and I can assure the members of the Association that it is perfectly easy to adapt it as neatly and completely to the swollen testicle. By this appliance, pressure can be applied with the greatest nicety, and, of course, as the testis shrinks, the elastic webbing follows it, so as to keep up an equal and a constant pressure; while, again, if it require tightening, this can be done in a moment without the inconvenience of depilating the scrotum as we are apt to do in dragging off adhesive plaister. I do not wish to encumber this communication with cases; suffice it to say, that I have obtained the most satisfactory results from this mode of compressing the testicle, not only in cases of orchitis, but also in hæmatocele, and in hydrocele, after preliminary tapping.

2. *Mode of Compressing the Breast.*—The breast, no less than the testis, is difficult to compress by strapping, and hence often left unstrapped when great good would accrue from its proper application. To overcome this difficulty, I have had constructed a modification of Salmon and Ody's well-known truss, and find that by this means we can in a minute apply a perfectly uniform and sufficient pressure to the entire gland, or to any part of it which requires compressing. The principal modifications consist in the hoop being larger and less stiff, in the spinal pad being very much larger than in the truss, and in the breast-pad being concave, with a diameter of five or six inches. A ball-and-socket joint, with studs inserted at different points of the outside of this pad, enables us to apply pressure to any part of the gland by means of the strap, which encircles the opposite half of the body to that embraced by the steel hoop, being affixed to any of these studs as circumstances may require. The instrument is prevented from working down by a second strap, or broad piece of tape, passing over the shoulder, connected to the hoop back and front. I cannot but hope that the advantages of this plan are sufficiently obvious to render further argument unnecessary.

3. *Mode of applying Pressure to various parts of the Trunk and Extremities.*—We not unfrequently meet with cases of inflammatory enlargement about the trunk and limbs which require pressure; e.g., the cure of boils and carbuncles is expedited, and the pain is lessened, by such treatment. The simplest, and at the same time the most effectual, method of accomplishing this, is by placing a piece of sheet lead, such as the one here shown, with a hole cut out of the centre large enough to encompass the base of the carbuncle, and then, by means of elastic straps and a lace, affixing it firmly to the part required. Anyone can manufacture such an appliance in a few minutes; the size of the lead sheeting and the length of the straps, of course, being proportioned to the size of the tumour and the part of the body to which it is applied. In the treatment of indolent bubo, with high, hard, and irregular edges, I have obtained most gratifying results from the employment of pressure by means of a piece of sheet lead placed over the bubo, without, of course, any aperture being made in the pad. The three instruments exhibited are manufactured by Messrs. J. and W. Wood of Manchester.

ACUTE INTERSTITIAL INFLAMMATION OF THE KIDNEYS IN SCARLET FEVER, FATAL ON THE TENTH DAY.

By JOSEPH COATS, M.D., Pathologist to the Royal Infirmary, Glasgow.

THE following case seems to me to be of considerable importance, and that on several grounds. In the first place, we have here an acute renal complication occurring in scarlet fever, not, however, at the usual date of the nephritis of scarlet fever, but in the course of the fever itself. Secondly, the kind of inflammation is not that usually met with in connection with scarlet fever; we have here a case of interstitial inflammation, whereas it is well known that the parenchymatous or tubal form is that commonly met with. It may be also worthy of remark, in the third place, that this is a case of acute interstitial nephritis, a form of disease whose existence has been doubted by some. In connection with the first of these points, I subjoin a brief history of the case, and an abstract of the *post mortem* appearances.

Y. R., aged 20, was admitted into the fever wards of Glasgow Royal Infirmary, under Dr. McLaren, on September 30th, 1871. The patient stated that his illness began five days before admission,

* Sometimes I have two pieces placed at right angles to the lower margin. I should add that the belt is curved a little forward at the lower part so as to form a partial bag.

* Read before the Surgical Section at the Annual Meeting of the British Medical Association in Norwich, August 1874.