announced that "the town which suffered most from epidemics is Perth, where 23.0 per cent. of the deaths are ascribed thereto". In February I had publicly pointed out that, if my opinions regarding the connection between the water-supply and the mortality of Perth are correct, the mortality from zymotic disease should be greatest when the river is at its lowest—the dilution of sewage therefore least; and I am only sorry to find that my vaticination was so correct.*

I trust that those who have done me the honour of listening to a history that is not, I think, of mere local interest, will now do me the further favour of freely expressing their opinions, or recording their experience—the question for discussion being: Whether or not, and what, mischief arises from analytical chemists and civil engineers usurping the place of physicians in questions which necessitate the possession of special medical knowledge and experience?

CASE OF TUMOUR OF THE SKULL, WITH HEMIPLEGIA OF THE SAME SIDE OF THE BODY.

By EDWIN RICKARDS, M.B.,

Physician to the General Hospital, Birmingham, etc.

Tumour of the Left Posterior Fossa of the Skull, causing Absorption of the Left Half of the Cerebellum, and pressing against the Pons Varolii and Medulla Oblongata: Hemiplegia of the corresponding Side of the Body.—Harriet T., aged 39, was the mother of ten children; the last four died shortly after birth. She had always been strong and well up to October 1870. Until then, she had not lost a child. From that date to her death, she was subject to headache and epileptiform fits, occurring at intervals varying from a week to two months. In July 1874, she for the first time experienced difficulty in walking straight; and one day she was accused of being intoxicated. In the following October, she noticed that the limbs on the left side were weaker than formerly. In March 1875, she had an unusually severe fit, lasting three hours. When she rallied from it, she found that she had lost so much power over her left side that she could not raise the arm or leg on that side; this loss of power was increased by subsequent fits. In January 1876, I saw her. There was paralysis of the left side of the body, though the fingers and toes could be moved slightly. The whole of the left side of the face was completely paralysed. The left eye could not be closed; its conjunctiva was insensible; its pupil was unaffected. There were complete deafness and defective vision on the left side. The sensibility of the left side (limbs and face) was greatly diminished. The face was drawn to the right side. There was no heart-disease, nor albumen nor sugar in the urine. All these symptoms persisted until her death, which occurred suddenly, as she was being carried up stairs to bed, in November 1876—her intellect remaining clear to the last. I saw her many times. Her various complaints were that she had no power or feeling in the left limbs; that she could not sit up, for she had no power in her back; that the pain in the left side of her head was constant and very severe; that she could not eat, for she had no appetite, and she could not swallow solids, as they seemed to lodge in her throat; that, though always thirsty, she had great difficulty in taking liquids, as they brought on fits of coughing; that she had great difficulty in clearing her throat of phlegm in the morning; that she could not feed herself, for, although her right hand was strong enough, it was unsteady. In April preceding her death, she had great exacerbation of the pain in her head; and, for three weeks, she lost control over her bladder and rectum, and was much troubled with cough.

POST MORTEM EXAMINATION, twenty-four hours after death.—The body was much emaciated. There was no abnormality in the vascularity of the surface of the brain, nor was there any effusion there. On section of that organ, the tissue was more tough and less vascular than usual, and had a faintly fawn-coloured tint throughout. All the ventricles were much dilated, and contained about eight ounces of clear watery fluid. A crow-quill could have been passed through the iter à tertio ad quartum ventriculum. On raising the brain from the skull, the vessels of the base were healthy; and nothing abnormal was noticed there, until a tumour was seen projecting through the aperture in the tentorium against the pons Varolii and the medulla. On dividing the tentorium, the tumour was found to occupy the left posterior fossa of the skull, and was covered over by a thin layer of cerebellum about half an inch thick. The remainder of the left half of the cerebellum had not been displaced, but removed by absorption, as if by a spoon;

* A signal illustration is to be found, moreover, in the fact, that in September 1876, in a single industrial school for girls in Perth, of a total of seventy three pupils, forty-three were simultaneously prostrated with typhoid fever—a fever that may be said never to be absent from Perth; the assigned cause of the said outbreak being scarcity of water for flushing drains.

it was the upper surface which remained, and this was attached by the peduncles, which were thin nervous bands. There were no adhesions between the brain and the tumour. The tumour was about the size of a hen's egg, soft but tense, and covered over with a smooth vascular membrane, doubtless altered dura mater. This membrane had to be divided before the morbid mass could be scooped out. It had eroded the temporal bone to such an extent that the thumb could be placed in that bone. The consistency of the tumour was not quite the same throughout, but for the most part resembled bacon. The tumour was fawn-coloured throughout. In the mass was a thickened cord, which was the distal end of the eroded seventh nerve. The pons Varolii and medulla on the left side were not eroded, but, by the pressure of the tumour, had been reduced one-third of the size of the right halves. The left half of the medulla felt like a bag half-filled with feathers containing a solid body, which was the olivary body. The lungs were engorged and filled the chest. The heart was empty and healthy. The other viscera were healthy. There were no signs of syphilis or tubercle. The tumour was composed entirely of fine nucleated oat-shaped cells. It was without stroma, and contained numerous vessels. Doubtless it was a sarcoma arising from the dura mater. The tumour only could be removed for examination.

REMARKS.—The facial paralysis and loss of hearing on the left side are readily explained by the facial and auditory nerves on that side being eroded through; and, from the position of the tumour, there was doubtless pressure on the fifth, eighth, and ninth nerves, which would explain other symptoms. As to the loss of power which affected the left limbs, there seem two possible explanations, viz., pressure of the tumour on the non-decussating fibres of the medulla, and the accumulation of fluid in the ventricles. Vulpian (*Moniteur des Sciences Médicales*, June 25th, 1861) records a case where a tumour, situated in the right posterior fossa of the skull, was accompanied by paralysis of the limbs of the right side; and he states that the accumulation of fluid in the left lateral ventricle was greater than that in the right; but, in the case above recorded, both ventricles seemed equally distended. The extensive damage to the cerebellum tallied with the early symptoms of loss of power of co-ordination.

EXTRACTION OF FOREIGN BODIES FROM THE EAR.

By WALTER RIVINGTON, M.S.Lond., F.R.C.S.Eng.,

Surgeon to the London Hospital, etc.

IN THE BRITISH MEDICAL JOURNAL of July 15th, there is an article by Dr. H. A. Alford Nicholls, of Dominica, West Indies, in which, whilst concurring with and commending the general rules which I ventured to offer (*BRITISH MEDICAL JOURNAL*, March 18th, 1876) for the extraction of foreign bodies from the ear, he calls in question the soundness of my belief that the ear-scoop should be banished from the surgical armamentarium. In support of this instrument, which I had the temerity to characterise as a "rude implement" and to condemn, Dr. Nicholls relates an interesting case in which he was enabled to remove the trunk of a cockroach with the ear-scoop. He did not succeed in removing it with forceps; and he did not employ syringing, because he believed that "all the syringing in the world could not have shifted the mass in the slightest degree". Unfortunately, or fortunately perhaps, I have had no experience in the removal of cockroaches, and I should hesitate to hazard an opinion on a case which I did not see; but, in the present state of my knowledge, I do not altogether perceive why a dead cockroach should not be displaced by careful syringing. Nor should I have anticipated that, with a good light, a mirror, a Toynbee's speculum, and proper forceps, any serious difficulty would be experienced in dislodging the intruder. Of course, the ear-scoop may be used successfully in some cases, and, in skilled hands, without the infliction of injury to the tympanic membrane and chain of bones; but its adaptability to the extraction of foreign bodies is essentially limited. It is, at least in my judgment, a clumsy instrument. It occupies a great deal of space; and it must be insinuated by the side of the foreign body, and reach its posterior part, to be of any service at all.

Now if, in any given case, the ear-scoop be capable of being introduced by the side of the foreign body and made to act in its rear, that foreign body cannot well be very formidable, or so block up the meatus as to offer insuperable difficulties to the more gentle influence of a stream of water. If, on the other hand, the foreign body, as it so often does, fill or nearly fill the meatus, the ear-scoop is worse than useless. When the ear-scoop has gained the rear of the foreign body, it is very liable, even in skilful hands, to do mischief. Contact with