medullary substance; its pelvis was dilated. The bladder was thickened, its lining membrane very vascular, and easily contracted. At the fore part of the membranous urethra, an opening existed, large enough to admit a crowquill, which led into a large cavity in the scrotum, lined by a smooth membrane, and communicating with the above mentioned aperture near the anus. The urethra was not contracted in front of the orifice in its walls. The prostate gland was not enlarged; its ducts were dilated, and there were several small abscesses in its structure. There was extensive abscess in the subperitoneal cellular tissue.

Worcester General Infirmary.

CASE RESEMBLING SOMNAMBULISM.

Under the care of Dr. NASH, one of the Physicians to the Infirmary.

[Reported by Erlin Clarke, M.B., House-Surgeon.]

THE physiology of the nervous system in its relation to the mental faculties is still in many points so far from settled, and its pathology necessarily so much more so, that even an isolated case bearing on either of these points is worthy of record, as adding to the mass of facts from which the law regulating them may be deduced. In such a light, rather than as of any immediate practical importance, the following case may be regarded.

CASE. Mary L., aged 9 years, was admitted an in-patient of this Infirmary, Sept. 29th, 1855, under the care of Dr. Nash. She was brought in by her mother, who stated that about two months previously, the girl, while walking with a younger brother, was nearly knocked down by some horses which some boys were driving about the field. She was much alarmed at the time, and hurried home, shortly after she had, as the mother says, a fit, which she described, by saying that the girl fell down senseless, and soon after began to talk nonsense. From this time until the day of her admission she had several of these fits; and her mother, getting alarmed, sought advice.

On admission, the little girl appeared somewhat distressed by finding herself among strangers, but soon reconciled herself to her position, and being of a lively active disposition, made herself useful in the ward, and frequently employed herself in knitting, sewing, etc. She appeared to be in perfect health, all the bodily functions being regularly performed, but she was very excitable, scarcely ever at rest, singing and dancing, and often asking for stilts. (It appears that her father and mother are in the habit of exhibiting at races and fairs, and that the girl herself has frequently been engaged with them on such occasions.) At times, however, particularly on a stranger entering the ward, or when examined by any of the visiting medical men, her countenance puts on an expression of alarm; in fact, Mr. Carden observed that he never had seen eyes more expressive of fright. Until the 6th of October, there was no appearance of any fit; but on this day, about 11 A.M., as she was crossing the ward, she fell down and apparently lost all consciousness for a few moments; there were no convulsions, and she speedily recovered to a certain extent when placed in bed. I was now able to examine her carefully as she lay; there was no spasm or rigidity of the limbs, no stertor, nor was the pulse more than 85, about five beats more than in her usual state; the scalp was rather hot, and the eyes open, with the conjunctiva much congested. While I was making these observations, she sat up in the bed and began to use her hands, as if she was washing something: she had not taken any notice when spoken to before; but now, in reply to a question, she said to the nurse, "I am washing your frock"; in a few minutes, she said, "now I will starch it", and performed the appropriate movement; in this way she went through the whole process of drying, mangling, etc., and then sank down on the bed. I said to her, "Will you not take the frock home?" She got off the bed, and went up

to the nurse, saying, "here it is, you must give me a penny." Wishing to examine the case farther, I asked her to sing, which she immediately did, and then resumed her washing; and I found that the current of her ideas was strongly set in one direction, although it could be led into others by remarks addressed to her: at the same time, common sensation was so far affected that she appeared quite insensible to a sharp pinch I gave her, with a view of testing this point. This extraordinary state continued for more than two hours, when she fell asleep, and awoke in her natural condition, apparently quite unconscious of what had occurred.

Aperients were prescribed, with the tinct. ferri sesquichloridi, and a cold shower bath alternate mornings; and on the 19th, she had another attack, very similar to the first; she sang several songs, recited simple prayers, then songs again, and kissed her hand to an imaginary audience quite in a theatrical style; her eyes (much congested, but with the pupils sensible to light) then closed as she was sitting on the bed. Sir C. Hastings was standing with me at a distance of some yards, when she said she must come to me; she got off the bed, and walked towards me, with her eyes still closed. I moved, and she still followed, avoiding Sir Charles, who stood between us; and when she reached me, I observed her eyes firmly closed, and replaced her on the bed. This attack terminated like the former one, in sleep. She subsequently had several less severe fits; they were once or twice cut short by shaking and rousing her when they were approaching; and she was discharged on Nov. 10th, as it was necessary to admit a severe case of chorea into the ward, and it was feared she might become affected injuriously in consequence.

The foregoing is an imperfect, but, as far as it goes, I believe, an accurate description of a remarkable case. Her condition under the attack seems to resemble, more than anything else, that of the somnambulist, though in most, if not all cases of somnambulism, the eyes are open, and progression is regulated by the sight. In this case, she certainly followed me without any assistance from that sense; possibly, the sense of hearing may have been her guide; but, at any rate, I think it is clear (whatever may be the precise nature of the case), that she is one of those unfortunate possessors of a morbidly excitable nervous system, who might be easily trained to exhibit many of the phenomena grouped under the term Mesmerism.

Salop Infirmary.

A CASE OF ANEURISM OF THE LEFT CAROTID ARTERY.

Under the care of J. R. HUMPHREYS, Esq., Surgeon to the Infirmary, Shrewsbury.

SAMUEL EVANS, aged 60, admitted into the Salop Infirmary March 24th, 1855. He is an old-looking man of his age; has a large oblong pulsating tumour on the left side of his neck, extending from about an inch above the clavicle almost to the angle of the jaw. The skin is tense over the tumour, which is hard; and a distinct thrill is felt over the whole of it, not at all more evident in one part than another. A loud and well-marked murmur is heard over the whole of the mass on applying the stethoscope; the characteristic jerk is given to the instrument when held on any part of its surface. On applying firm pressure between the clavicle and the tumour, over the course of the carotid, the pulsation is stopped, and the tumour is somewhat lessened in size. The larynx is pushed at least two inches to the right side; the breathing is stertorous, and deglutition difficult. He first noticed the swelling as a small lump, about a month ago, after a severe fit of coughing, which he attributes as the cause of it. It has steadily increased since that time. The left eyelid droops; the conjunctiva is congested and oedematous. Does not complain of much pain, but more uneasiness, especially in swallowing.

March 27th. The aneurism is certainly larger than

when he was admitted on the 24th. Complaints of great uneasiness, and inability to swallow even his saliva; has not taken any food for the last eighteen hours. At a consultation held at 11 A.M., it was decided that the carotid should be ligatured, which was at once proceeded with. On placing him in the usual position for tying the root of the left carotid, an incision was made across the sterno-clavicular articulation of the left side, commencing about three inches on the clavicle, and reaching one and a half on the upper part of the sternum; an oblique one, about an inch and a half, was made along the margin of the sterno-mastoid, falling into the former; the skin, platysma, and cervical fascia, were successively divided; the attachment of the sterno-mastoid was separated close to the sternum and clavicle; the sterno-hyoid and sterno-thyroid were partially divided, and held aside; the sheath was exposed and opened on the inner side; and the artery secured in the usual way. On tightening the ligature, pulsation ceased in the tumour, which soon diminished in size. A bit of wet lint was placed over the wound, and the patient put into bed. He was able to swallow a little milk in about two hours after the operation. 6 P.M. Is very comfortable; says he is much easier than he was before the operation. One small vessel was tied, and the wound brought together with sutures. He takes beef-tea, jelly, milk, etc.

March 28th. Did not sleep last night; swallows much better. The tumour is less and harder; there is no pulsation in it. He can open the eye better, and the congestion is diminishing. Pulse 90, good volume. Respiration still stertorous, 24 in the minute. Tongue covered with white fur. Says he feels better.

March 29th. The sutures were taken out, and the edges of the wound kept in contact by strips of plaster. It has partially united at the ends. Sleeps well, and says he is comfortable. The tumour has shrunk considerably, and the larynx is gradually returning to its position. Bowels not open; urine escapes involuntarily; the catheter was passed, and about twenty ounces of urine were drawn off.

March 30th. Seems to be going on well; catheter used twice daily. Sleeps well, and takes plenty of liquid nourishment; a slight oozing of pus from the wound. Pulse 80; says he is comfortable, but has a slight cough.

March 31st. Not so well; tongue furred; pulse 100, with a slight jerk. Urine highly ammoniacal; bowels not open. Wound does not look so well; there is a blush around it, and more discharge; has slept, and takes his nourishment.

April 1st. Is worse; pulse 120; hard; tongue much furred; is restless and uneasy. Urine ammoniacal. Had but an indifferent night. Countenance depressed and anxious. Ale, one pint. Beef-tea, milk, etc., as before. 10 P.M. Is evidently worse; the face is more anxious. Pulse 120; feeble. Has not taken so much nourishment to-day. Does not appear to swallow so well. The sac is shrinking, and the larynx is returning more to its place. Wine, ten ounces, to be given at intervals.

R. Liq. opii sed. mxx; sp. æther. sulph. co. mxx; mist. camph. ʒi. M. Fiat haustus statim sumendus.

April 2nd. Slept tolerably well in the night. Has taken the wine, etc., but there is no improvement in his condition; he has the glassy eye, subsultus tendinum, and pinched features; tongue dark brown and furred; pulse 130; very feeble; skin and feet especially cold. Mist. vini Gallici ʒi, omni horâ sumendum. Wine and beef-tea at intervals. 10 P.M. Is sinking fast; breathing hurried, and much rattling in his throat. Pulse rapid and weak. He died at 12 P.M.

Post mortem examination. The vessel was found firmly tied, three inches from its origin at the arch of the aorta, with a hard clot above and below the ligature. The heart large and flabby, the anterior coronary artery ossified, the posterior also, but not so much so as the anterior. The aorta, innominata, and carotids, enlarged. On opening the heart, the valves of the right and left side were reddened, as if from inflammation; the inner and middle coat of the aorta was of a deep red colour, the membrane was thickened,

and studded over with atheromatous patches, some of which were calcareous; the same diseased structure was found running up the innominata and its branches, as also the left subclavian and carotid. On opening the sac, a small aperture was found in the front of the left carotid, about the middle of it, and this dilated into a large pouch on either side, the inner one lying in contact with the pharynx, it was filled with firm fibrinous clots. On removing the top of the skull and dura mater, the arachnoid attracted attention; it was of a milky colour, and there was rather a copious secretion of serum lying in its folds; the pia mater was highly injected over the whole of the cerebrum and cerebellum; on cutting away the upper portions of the hemispheres, the structure of the brain was found much congested, but there was no difference in the consistence of the two sides; there was some serum in the ventricles. The carotid arteries, as they pass from the base of the skull, were ossified, the right the most so, it was one calcareous ring; the vertebral artery of left side was dilated to at least three times the diameter of the right; they were both healthy in tissue. The bladder was thickened; the mucous membrane inflamed and sacculated, with a phosphatic deposit in many parts; the prostate gland was about double its usual size.

I am indebted to my friend Mr. Newman, the house-surgeon, for the daily notes of the case after the operation.

ORIGINAL COMMUNICATIONS.

CASE OF ANEURISM OF THE LEFT INTERNAL CAROTID ARTERY WITHIN THE CRANIUM,

DIAGNOSED DURING LIFE, AND TREATED SUCCESSFULLY BY LIGATURE OF THE LEFT COMMON CAROTID ARTERY.

By R. W. COE, F.R.C.S.E., Surgeon to the Bristol General Hospital.

[Read at the Quarterly Meeting of the Bath and Bristol Branch, November 15th, 1855.]

In the middle of November 1851, I was requested by my friend Dr. Swayne to see a woman (Hannah Wray) with him, whom he supposed to be suffering from aneurism of one of the arteries of the head.

She gave me the following history:—

She was 55 years old, married, and had been in good health up to five months previous to the time of my seeing her, when she had had a very angry altercation with her husband; blows passed between them, she receiving some on her head; during the quarrel she worked herself into a most violent passion, and at the same time greatly exerted herself by lifting some very heavy weights. Within five minutes after these occurrences, in fact, as soon as she recovered a little from the excitement, she complained to a neighbour of an extraordinary sensation (a buzzing and beating noise) in the head, such as she had never before experienced, and which noise, she now tells me, has continued without a moment's cessation from that time to this (from June to November 1851).

She likens the buzzing, as she calls it, in her head to the puffing of a steam engine, "whish, whish, whish", and says that she hears it more distinctly with the left than the right ear, and that it is accompanied by a continuous sound like low thunder, emanating apparently from, and heard most distinctly at a spot situated near the posterior superior angle of the right parietal bone.

Since these symptoms came on, she has been unable to lie down in bed, and has been obliged to sleep in the sitting posture; and though always in the habit of dreaming, yet the dreams now are become of the most frightful character, disturbing her rest, and causing her to wake in an agony of terror.