In the pia mater which covers the left hemisphere there are two layers of tubercular matter as large as five-shilling pieces; these penetrate and adhere to the cerebral substance, but the latter is not softened. On the surface of the left corpus striatum there is a small isolated tubercle. Several miliary tubercles in the pia mater at the base of the brain. Pons Varolii healthy.

In the right lobe of the cerebellum there is an elongated oval tubercle, about two and a half inches long by one broad; the surrounding tissue is softened.

At the upper part of the spinal marrow, and on the right side, there is a tubercle of the size of a small bean.

Chest: Ancient adhesions of the lungs to the chest; numerous miliary tubercles in both lungs; no traces of pneumonia; bronchial glands tuberculated. Heart and pericardium healthy.

Abdomen: Mucous membrane of the stomach and small intestines healthy; there are five large ulcers in the ascending arch of the colon. The spleen is covered by a false membrane; the liver also, and in the latter is deposited some yellow matter exactly similar to that contained in the brain. There is a tubercle of the size of a small pea in the right kidney.

REMARKS.—In this case the “premonitory” symptoms of the malady under which the child eventually sunk existed for no less than twelve months; but here they were evidently signs of some organic cerebral disease, and could not have been arranged, according to any system, under the “premonitory symptoms of hydrocephalus.” The first symptom, be it remarked, consisted in a sudden attack of convulsions, followed by loss of consciousness;—in other words, in an imperfect access of epilepsy. This is a very frequent sign of cerebral tubercle. Soon afterwards the child’s temper began to change; she became morose and irritable; lost her vivacity; complained of headache; squinted; and her bowels were habitually constipated. All these are considered by writers as amongst the “premonitory signs” of hydrocephalus; but as the case progressed, certain symptoms were developed which showed the existence of some organic lesion of the nervous substance. About ten weeks before admission into the hospital the movements of the left leg were impeded, and the limb became gradually paralyzed. Paralysis of one of the extremities has never, that I know of, been enumerated amongst the premonitory signs of hydrocephalus; in the present case, taken in conjunction with the other phenomena, it was an almost certain symptom of tubercle of the brain or spinal marrow: the latter is, however, an extremely rare affection; for once that you will find tubercular matter in the chord, you will find it forty times in the brain.

London, Jan. 12th, 1841.

POLYPUS OF THE UTERUS,

REMOVED BY THE HAND.

By J. TOOGOOD, Esq. Senior Surgeon to the Bridgewater Infirmary.

In June, 1830, I visited, with a gentleman of this place, a woman between 50 and 60 years of age, who had been suffering for a long time from violent hæmorrhage from the uterus, and on making a careful examination, a polypus of very extraordinary size was discovered. It was proposed to pass a ligature around it, but the patient wished to defer the operation for a short time, and when the attempt was made it was found impracticable, in consequence of the polypus being so soft and yielding, as to render it impossible to carry the ligature over its stem. As the patient’s safety depended on the immediate removal of the tumor, I insinuated my hand into the posterior part of the vagina, in the hope of being able to place a ligature

around it, until I found the stalk between my fingers; I then twisted it off, and withdrew the largest polypus that I ever saw; no hæmorrhage or bad symptom followed, and in a few days the patient was quite well.

From subsequent experience, I should be inclined to pursue this practice, or cut off the stem whenever it is to be got within reach, in preference to the more tedious plan of tying the polypus, and allowing it to slough off.

BITE OF A COMMON VIPER.

JOHN KIBLY, a strong, healthy man, aged 47 years, was bitten by a viper in the hand on Saturday, April 18th. Two small drops of blood issued from the two punctures, and the specks afterwards became white. In ten minutes he was seized with pain in his bowels and desire to go to stool, and had two purging evacuations; he then felt something in his throat, as if he should be suffocated, and drank some cider to remove the sensation; this was succeeded by hoarseness, sickness, and copious vomiting of bilious matter. With great difficulty and the assistance of two persons, he walked a very short distance to a house. The following symptoms rapidly succeeded each other:—Spasmodic affection of the throat, coming on by fits, with a choking sensation; great faintness, sickness, and vomiting; shivering; cold sweats; excruciating pain in the bowels, and diarrhœa. In this state I found him one hour and a half after the accident.

The countenance was now extremely anxious, sunk and cold, as well as the whole surface of the body, and particularly the hands and feet; he complained of giddiness in the head, and the circulation was so languid that the pulse was scarcely perceptible at the wrist. The back of the hand was much swollen, red, and very painful, and soon assumed a livid hue; there was no streak up the arm in the course of the absorbents. Some brandy and water had been given before my arrival; it was repeated with fifty drops of tincture of opium. This was rejected immediately, as was a second dose, but after a short time the stomach became more tranquil, and cordials with opium were retained; the skin became warmer, and the pulse more full and distinct. The symptoms, however, did not wholly subside for many hours, particularly the spasmodic affection of the throat and organs of respiration, which were of the longest duration and most distressing. Six grains of calomel and two of opium were directed to be taken at night, and an active purgative in the morning, with cold applications to the hand and arm. The night was passed without sleep, and he was affected with troublesome strangury. The violent symptoms were much abated, but the swelling had spread to the elbow, and the limb was very painful. On the following day the swelling of the fore-arm had subsided, but it extended to the shoulder, breast, neck, and back, down to the loins, the whole of which was painful, œdematous, and of a mulberry colour. The patient gradually recovered, but several weeks elapsed before the natural appearance of the skin was restored.

ROYAL BERKSHIRE HOSPITAL.

PRACTICE OF MR. F. A. BULLEY.

COMPOUND DISLOCATION OF THE THUMB, WITH LACERATION OF THE MIDDLE AND FORE FINGERS.

JOHN STACEY, æt. 23, was admitted January 6th. Had been requested by his master to destroy an old pony; in doing so the gun which he was using gave way in exploding at the breach, causing the injury to the hand for which he was admitted into the hospital. He states that at the time of the explosion the hand was stretched out to some distance along the under part of the barrel. There was a lacerated wound commencing just opposite the carpo-phalangeal articulation of the thumb on the dorsal surface, extending through the commissure between the thumb and fore finger to about the same distance on the dorsal aspect, dividing the adductor pollicis through its whole extent. The thumb was dislocated upon the palmar