ance which it offers, compared to the sharp-pointed instrument, gives a better indication of its having entered the cavity of the bladder, and is less liable to injure its coats.

I may also make a few remarks upon the difficulties which present themselves in the seizing and removing the stone, which may arise from the size, form, position, and consistence of the calculus, and the condition of the bladder itself—circumstances, however, of such practical importance, that I shall occupy another lecture upon the subject of lithotomy, especially with regard to the various difficulties which may embarrass the operator.

CASE OF SCIRRHUS OF THE OPTIC THALAMUS AND CORPUS STRIATUM.

BY JOHN WATERS, M.D.

In the month of September, 1837, I was called to see a gentleman, 33 years of age, of robust constitution, who was seized with a fit, apparently of an apoplectic nature. There was complete annihilation of the intellectual and locomotive powers; the expression of the face was vacant, and the complexion was of an exceedingly yellow straw-colour. There was slight strabismus divergens of the left eye, and the pupils of both were very dilated; there was no spasmodic constriction of the maxilla, extremities, nor frothing of the mouth. Respiration was regular, though protracted, and occasionally accompanied with a few forcible and deep expirations; the heart's action was labouring, slow (60), and the impulse of the left ventricle was sensibly felt by the hand at the precordial region, accompanied with marked *bruit de soufflet*, which could be even easily distinguished in the carotids; percussion dull in a circumscribed portion of the left side of the heart's region. There was an involuntary discharge of feces.

He remained in this comatose state for about twenty minutes, when he gradually resumed all his faculties, though still feeling some sensation of prostration. I then learned that this was the tenth attack which he suffered from during a period of nearly two years and a half; that he generally complained of violent headache; and had a sensation as of some foreign body in his brain, which induced him frequently to shake his head; he never presented any symptoms of spasmodic contraction, or paralysis in any organ; memory not impaired; appetite good; bowels regular. Until the last twelve months he led rather an intemperate life, but cannot even attempt to resume the slightest irregularity; was much addicted to venereal excitement. He, as well as the other members of his family, assured me that his father died (in their opinion) of an affection similar to the one which I was called to see; the mother, whom I myself remember, died suddenly, although apparently in the enjoyment of health. Ordered him to take at once calomel, five grains; tartar emetic, quarter of a grain; extract of conium, two grains; carraway oil, two drops; and in three hours to have two large spoonfuls of the following mixture; compound infusion of senna, two ounces; camphor mixture, three ounces; sulphate of magnesia, four drachms; dilute sulphuric acid, two drachms; orange-flower water, half an ounce; syrup of rhamnus, two drachms.

On calling next day, Sept. 21st, I found that his bowels had been well acted on; he slept well; pulse 70, regular, full and strong; tongue clean; no thirst. The strabismus of the left eye continues since the fit, and he complains of slight dimness of vision, and a tottering condition of the lower extremities, such as may be felt after a day's severe exercise; the mouth for the first time now presented a slight deviation; has no recollection of the preceding day, and feels an indescribable uneasiness in his head. Ordered to be cupped from the lumbar region to sixteen ounces; mustard sinapisms; blue pill, twelve grains; digitalis, six grains; compound calomel pill, twenty grains; extract of

conium, twelve grains; divide into twelve pills, one every second hour; milk diet.

22. The strabismus improved; head not so troublesome; bowels relieved; pulse more compressible; the debility felt in the lower extremities much less; feels much better. Treatment continued. He went on each day improving, and on the 29th was sent to the country, when there was no strabismus, scarcely any deviation of the mouth, and his feelings of strength quite recovered. I saw him occasionally afterwards; and early in the following December I met him accidentally, but not at his own house. He then complained of great confusion of ideas, loss of memory, which was so great that he could not recall what had passed a few minutes before; vision was considerably impaired, and under the influence of the strongest light the pupil remained much dilated; could give little or no account of his sensations; the heart's action was not so forcible as usual, regular. Desired him to go home, whither he was accompanied by a servant, who left him at his own door. I afterwards learned that on the door being closed he fell, but immediately recovered himself, and went up stairs, but not to his own room, remarking that he was completely blind. In the morning he was found dead in bed.

Autopsy 25 hours after Death.

Cadaveric rigidity considerable; the external appearance presented nothing worthy of note, except some spots of ecchymosis on the face and chest. On dividing the scalp there was a great effusion of blood; the vessels of the pia mater were very turgid, but there was no effusion of blood on the surface or in the convolutions; the superficies of the brain was rather moist. On slicing the hemispheres the same state of moisture was observed, without the slightest trace of injection: the most minute search was made for chronic apoplectic cysts, but without success; both ventricles were filled with a fluid of a light yellow colour. The choroid plexus on the left side was in an oedematous condition; and I found a few small concretions of the size of a millet-seed in the left. The optic thalamus of the left side presented a central spot of ramollissement, without the slightest trace of vascularity. The corpus striatum presented nothing abnormal. The corpus callosum and fornix in a normal state; the third, fourth, and fifth ventricles also contained a similar fluid to that in the lateral ventricles. The right ventricle was also filled with yellowish-coloured fluid; the choroid plexus was remarkably pale, and by no means oedematous. On examining the corpus striatum and optic thalamus of this side, their surfaces were completely covered with a semi-fluid pultaceous matter, of a dirty greyish colour. On removing this partly liquefied mass, there was a central nucleus which filled each organ, of a semi-transparent glossiness, exceedingly hard and dense, without a trace of vascularity, and had become more adherent to the base of the ventricle than in the normal state. Cerebellum presented nothing unusual. On dividing these indurated masses, they had an almost cartilaginous consistence, were of a bluish aspect, and were traversed by fibrous septa; the substance of the base of the brain presented nothing unusual, but there was a great effusion of a sero-sanguinous fluid, which evidently came from the spinal canal, for as quickly as it was removed, it was visibly replaced by a continual flow from that source. There was no trace of hyperæmia. On examining the spinal column, it was found distended with a bloody fluid, and the vessels were evidently in a congested state. The substance of the cord presented nothing remarkable; there was no coating of either a fibrinous or albuminous nature. The lungs were healthy, if we except a few ancient adhesions on the right side. The pericardium contained about a dessert-spoonful of serum; and viewing the heart in situ, its volume appeared much increased, particularly the left ventricle, which was considerably developed; its cavity was much diminished, constituting that form of hypertrophy denomi-

nated "the concentric," by M. Bertin. The carnea columnæ also entered into the state of hypertrophy. The aorta and pulmonary vessels healthy. Abdomen not examined.

REMARKS.—The case here reported is one of exceedingly rare occurrence. M. Andral, in his *Clinique Médicale* does not relate a single case of scirrhus of the organs affected in my patient. When we consider the extensive disorganization of two such important organs, we are naturally led to conclude that its effects on the system should have been well marked; but there was no one single symptom to elucidate a lesion of the importance just related; and though some late physiological experiments, from which certain functions are assigned to the different organs of the brain, are apparently conclusive, it shows how guarded we should be in forming conclusions that are not borne out by pathological research, for in the case before us, there was no lesion of the muscles of animal life. M. Cruveilhier, speaking on this subject, says, "that lesions of the fibrous substance and central parts of the brain govern voluntary movements; that lesions of the optic thalamus, and its radiations, regulate the movements of the upper extremity, the corpus striatum those of the lower. The alteration of the corpus striatum and optic thalamus, considered together, and abstraction made of the special structure of each, produces the same effects as the alteration of all the fibrous substance of the hemispheres, of which they are in some manner the centre." The only constant symptoms which attracted attention were the incessant headache, and frequent attacks of an apparently apoplectic nature, for which he had been always treated before I saw him; and even then there was more reason to suspect the irritation resulted from an ancient apoplectic cyst, than a fresh attack of apoplexy. There was a peculiarity in the complexion of the patient, which might have called attention. The immediate cause of death was a sudden and immense effusion into the spinal canal. The effused fluid in the ventricles was of a longer date, and evidently the result of the irritation produced by the morbid growths; the brain became, as it were, accustomed to this gradually increased compression from the length of time of their development. There is another important feature, to which I wish to call attention,—the hereditary tendency which I presume existed in this case, for the gentleman's father and mother died from an affection which was called apoplexy; and some short time after the death of the individual who forms the subject of the present history, his youngest sister, who was very subject to severe headache, fell in the street, and from her account it was not by accident, as she afterwards allowed she felt quite insensible, and was unconscious of such an occurrence.

London, Feb. 2, 1841.

GUY'S HOSPITAL.

FEMORAL HERNIA, WITH OPERATION.

SAMUEL BURLY, æt. 47, a man of healthy appearance and robust frame, was admitted into Guy's Hospital on Friday morning, July 31st, 1840, labouring under the symptoms of strangulated hernia.

He states that he has always lived in the enjoyment of good health until three weeks ago, when he was seized with very severe pain over the whole of the abdomen. By the assistance of medicines, he obtained a considerable degree of relief, but his bowels have remained very costive ever since. On the Wednesday preceding the day of his admission, whilst cleaning some knives, the pain returned, but with greater severity than before, so much so that he was carried up to bed. After the lapse of an hour or two, he observed for the first time a swelling in his right groin, and shortly afterwards was seized with severe vomiting and hiccup. His bowels had not been relieved at all during the two previous days. A medical man was sent for in the evening, and employed the taxis for some time, but did

not succeed in returning the protrusion into the abdomen. Purgatives and other medicines were had recourse to, but proved equally inefficacious. On the following day (Thursday) he had a scanty and very costive evacuation from the bowels, and the tumor, he says, also suddenly increased in size. Several medical men during the day attempted to return the hernia, but without avail, and he was then advised to enter the hospital.

The following symptoms presented themselves on his admission:—There was a large and hard swelling, partly below and partly anterior to the inner portion of Poupart's ligament, on the right side. The spinous process of the pubes might be readily felt internal to it. The patient complained of suffering great pain when the tumor was handled, or when the limb was extended or rotated outwards. The abdomen was tense and tumid, but not painful on pressure; the constipation had not as yet been overcome. There was pain and a sense of tightness about the *scrobiculus cordis*; vomiting and hiccup occasionally; countenance anxious; pulse quick and feeble; tongue coated with a brown fur; extremities cold.

The taxis having so long failed, the patient was at once ordered into a warm bath; twenty minutes having elapsed, the taxis was for a short time again employed, but without making any impression on the tumor. Freezing mixture (the hydrochlorate of ammonia, with nitrate of potass) was now applied, and the patient ordered to take calomel, two grains; opium, one and a half grains; at once.

From these measures no benefit, however, was derived, and on Mr. Key's arrival at 10 o'clock, he proceeded at once to perform the operation. A crucial incision was made, the flaps dissected back, and after a little further dissection the sac exposed. Mr. Key now endeavoured to divide the stricture without opening the sac, but on account of its extreme tightness, did not succeed. The peritoneal cavity was therefore opened, and the omentum immediately exposed. It was quite evident, from the firm manner in which the omentum was tied to the sac by strong bands of adhesive matter, that the hernia was one of old standing, though not previously perceived by the patient.

On opening the sac, a small quantity of dark-coloured fluid escaped; on raising the omentum a knuckle of intestine was exposed, which presented a dark plum-coloured congested appearance, but no evidences of mortification. The stricture, which was exceedingly tense, was now divided and the bowel returned. A portion of the omentum was removed by the knife, and the remainder of it allowed to remain as a convenient cushion in the sac. A little bleeding followed, but was controlled by the insertion of cold moistened sponge, and pressure applied over all for some time by the hand. The patient was now removed into the ward.

3 o'clock. Countenance less anxious; sickness entirely abated, but he is troubled with hiccup occasionally; bowels not yet relieved; pulse small and feeble. He complains of pain over the left side of the thorax. There is still a slight oozing from the wound.

6 o'clock. The wound was now dressed; one suture only was applied; no evacuation from bowels yet. Carbonate of magnesia, 10 grains; sulphate of magnesia, 2 drachms; compound tincture of caraway, 20 drops; water, 10 drachms; to be repeated every three hours, if necessary.

11 o'clock. Has taken the draught twice, and two copious evacuations have followed. Has been dozing at intervals; pulse very feeble; tongue clean and moist. To discontinue his draught.

Aug. 1. Has slept very comfortably for several hours during the night. Abdomen rather tender on pressure, but apparently on account of the previous vomiting and straining; bowels well open. To have beef-tea occasionally.

2. Has passed a comfortable night. Abdominal tenderness diminished; bowels well open. From this period nothing occurred worthy of notice, and he soon left the hospital, wearing a truss, to resume his employment.