mixture, with laudanum, was prescribed to allay any bronchial irritation that might arise.

19. She had some pain in the left eye during yesterday and last night, but it had much abated this morning; there was also some discharge of water from this eye yesterday afternoon, but this too had ceased. The right eye had been very easy. She did not sleep much, but was not teased with coughing during the night. The dressings were not removed.

20. The patient was much the same as yesterday. She complained of pain in the left eye. After the dressings were removed a considerable quantity of mucous discharge was found to have accumulated about the left eye, and a less quantity about the right. There was a considerable amount of intolerance of light, and it was difficult to see the condition of the eyes. The bowels not having acted since the operation, a mild purgative was prescribed. There was no constitutional disturbance, but the cough had been rather troublesome.

21. The left eye was still painful, and there was a small quantity of mucus adherent to the dressings. With the right eye she could distinctly perceive her hand, and there was an entire freedom from pain. The dressings were reapplied.

23. The right eye looked extremely well; no undue vascularity, and no pain. She could open it freely, and distinguish the colors of the bed-clothes, &c. The left eye was much inflamed, and a great deal of mucous discharge exuded when the lids were separated; the lower portion of the cornea appeared clear, but the upper had an opaque and rather sloughy aspect, and the eye continued painful, and unable to bear exposure to light.

It is unnecessary to detail the further progress of the case. The inflammatory condition of the left eye continued for several weeks, and terminated in extensive opacity of the cornea, and partial atrophy of the globe. The right progressively improved, retarded, probably, by the disturbance of the other organ; but very excellent vision was ultimately restored, so that, with the aid of the usual convex spectacles, she was able to read with great fluency.

This case is interesting, as illustrating the uncertainty of diagnosis, and of the result of operations on the visual organ. The eye which, previous to the operation, was regarded as amaurotic, was restored to perfect vision, whilst the other, which appeared so very promising, was destroyed by the subsequent inflammation. No particular reason could be assigned for the bad success of the operation on the left eye, the only difference in the two being that the incision in the left was probably somewhat larger than that of the other. There was also a great discharge of vitreous humor from the left. The uncertainty of any given operation is, to my mind, a strong inducement to prefer operating on both eyes at the same time, as there is then a double chance of success, and at least one may be fairly expected to recover.

FIBRO-SANGUINEOUS TUMOR OF THE DURA MATER.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I beg leave to forward you the following case, which I trust will not be deemed unworthy a place in your Journal.

I am, Gentlemen,

Yours obediently,

T. NEWCOMBE DAY, M.R.C.S.

Kenton, Nov. 24, 1842,

W. B—, a male, aged ten months. About ten weeks since (previous to which time he had been in perfect health and had cut several teeth) a slight enlargement and ecchymosis were observable over the right eye; the enlargement increased rapidly and to such an extent that, eventually, the eye was protruded far out from the bed of the orbit. Shortly after the commencement of disease, other irregular enlargements and ecchymosed masses appeared on the vertex and right side of the head, which was swollen to double its natural size. It was evident, on examination by the hand, which always appeared painful to the child, that the source of the swelling was from within the cranium; nevertheless, during the whole progress of the disease the functions of the body were carried on as if in health—there was nothing like coma, paralysis, or convulsions, or any symptoms indicative of pressure on the brain. The child gradually sunk without any one remarkable symptom, and apparently from exhaustion.

The body was examined about fifty-six hours after death. Its appearance generally, with the exception of the head, was similar to that usually observed in cases of death from profuse hæmorrhage, the surface presenting that peculiarly white and waxen appearance so often seen in such cases. On examining the exterior of the head, the tumor was found to have receded somewhat, the scalp being more movable over it than at any time before death.

The interior of the head was examined by carrying an incision from behind the ear of one side across the head to the corresponding point on the opposite side; this divided the scalp, the two portions of which were reflected, the one anteriorly and the other posteriorly, in the usual manner, and found, with the exception of one small spot of about the size of a shilling, to have no connection whatever with the growth below, a layer of cellular tissue being interposed; this connection, however, was not, strictly speaking, with the substance of the tumor, but with the upper surface of the pericranium which closely invested it; it appeared to be the result of adhesive inflammation. By this dissection, that portion of the tumor occupying the upper and posterior part of the head was brought distinctly into view; it evidently came from beneath the cranium, and had pushed itself up through the posterior fontanelle, where it had caused a conical projection, as well as through the posterior half of the sagittal suture, the space between the two parietal bones being fully an inch in width; the bones themselves were also considerably raised by the upward pressure of the tumor, which was of a uniformly dark color, as if containing blood; it was, however, very

firmly bound down by the pericranium, which was stretched very tightly over it, and formed, in fact, its investing membrane, being raised at least an inch from off the cranial bones; it appeared to have given much resistance to the progress of the tumor, as it was somewhat more dense in its structure than natural, but did not at any point present an appearance of giving way from the continued pressure on its under surface; there was, however, as already mentioned, a connection at one small spot between it and the scalp. On endeavouring to turn off this membrane, it was found to be connected with numerous fibres, similar to those which enter into the structure of a fibrous membrane, which passed up at different points through the tumor from its base, and became connected with the under surface of the pericranium. The tumor itself now appeared to be made up entirely of blood, which was not confined within any cells or cysts, but simply diffused, in a semicoagulated state, of a chocolate color, and breaking down readily under the finger.

There was no appearance of fungous or other morbid growth, the tumor being made up entirely of blood, as just described, with the exception only of the fibres already mentioned; these, on being traced back, were found to originate in the upper rough surface of the dura mater, from which they arose in a very thick cluster, and with which they were firmly connected, as the half coagulated blood could be readily scraped off them with the scalpel, so as to allow of their being very easily traced and examined; many of them were short and thick, extending only a short distance, whilst others, which were longer and more slender, radiated in all directions, and became, the greater number of them, attached, as before stated, to the pericranium.

The dura mater, on being turned off the brain, was found perfectly healthy on its under surface, presenting everywhere the natural smooth surface given it by the arachnoid; there was no separation of its layers at any one point, and the natural connection between it and the skull was done away with only in those situations where the tumors had interposed themselves between the bones and this membrane. The brain itself was also perfectly healthy throughout, but, from being compressed, was greatly mis-shapen, the middle lobe of the right side being pressed down at least two inches below the level of that of the opposite side; there was about an ounce of fluid at the base of the skull, but this appeared to have escaped from the ventricles, and not to have been the result of any previous inflammation.

A tumor of the same kind as that just described, passed between the dura mater and bones at the base of the skull, occupying the inferior fossæ of the occipital bone, and a third, connected with the first, pressed forward over the right side of the head, but under the cranial bones (between them and the dura mater) to the orbit, the roof of which it caused to protrude somewhat, at the same time that it pressed down upon the eye so firmly as to push it out of its proper position downwards and forwards upon the face, and, had the child lived much longer, would have caused, in all probability, the whole globe to slough out, as destruction of the different tissues of the eye had commenced from pressure a day or two previous to the child's death. Both these tumors

arose, like the first, from the exterior of the dura mater, between which and the inner surface of the bones they were situated, but did not, like the first, pass in part between the bones, and raise the pericranium from off them.

The inner surface of the cranial bones, wherever the tumor had come in contact with it, was roughened by the absorption of the inner table; the two portions of the frontal bone were not united in the mesial line, the growth from beneath preventing their opposed edges coming in contact. No other region of the body was examined.

REMARKS.

It is somewhat difficult to determine the true origin and nature of the adventitious deposit exposed in this dissection. It is evidently not capable of being referred to fungoid or other malignant growths, nor, from the absence of anything like a sac, can it be viewed as aneurismal; nor as having its origin in aneurism by anastomosis from the entire absence of any cellular or tubulated structure throughout the various masses.

Are we, then, to view it as a disease of the dura mater, or as the effect of sanguineous effusion simply? From the strong and uniform adhesion of the fibres to the dura mater, both Andral and Dr. Bright would evidently refer it to disease of this membrane.

Dr. Bright, in describing some fibrous tumors connected with the dura mater, says they are very different from the fungoid tumors which appear to be connected with the arachnoid of the dura mater; they arise from the structure of the dura mater itself, with which they are intimately joined, and from which they are inseparable, without tearing the membrane. Andral mentions a case (in a man aged sixty-one) of fibrous vegetation on the inner surface of the dura mater, the post-mortem examination of which is worth quoting here. "On raising the vault of the cranium, no appreciable lesion on the external surface of the dura mater. On making an incision, however, into it, this membrane was found to have contracted unusual adhesions to the subjacent parts. These adhesions were formed by cellular bands, which united the two layers of the arachnoid to each other. These bands circumscribed a spherical body of the size of a large nut, which sank deep into the cerebral substance, with which it has not contracted adhesion in any other part. It was separated from it by a cellulo-vascular layer, which appeared to be the tissue of the arachnoid and pia mater compressed by it. This body was attached by a narrow pedicle to the dura mater, the fibres of the latter membrane being dispersed over the pedicle of the tumor, and so confounded with its tissue that to distinguish them was impossible. This tissue, which was of considerable hardness, and of a white tendinous appearance, consisted of fibres which were, as it were, wound up one upon another; they seemed a prolongation of the fibres of the dura mater." In commenting upon this and a case somewhat similar, Andral observes that these tumors had a texture analogous to that of the dura mater itself. One of them was constituted exclusively of fibrous tissue. In the other there was mixed with this fibrous tissue a certain quantity of ossiform matter. Both these abnormal products bore a strong resemblance to the fibrous bodies of the uterus. In the two cases

the nervous substance was rather wasted than compressed, where it was in contact with the tumors. In one of these cases we could nor refer the disease of the dura mater to any appreciable cause. In the other, it was after external violence inflicted on the occipital region, that the tentorium cerebelli became the seat of the osteo-fibrous vegetation already described. Here, then, is one of those cases wherein we must have recourse to the existence of a disposition altogether peculiar, in order to explain those infinitely varied lesions which one and the same cause is capable of producing.

From the mass consisting of so large a proportion of blood, I am, however, inclined to think the origin of the deposit, in the case now under consideration, due to sanguineous effusion, and that the formation of the fibres and their adhesions to the dura mater and pericranium were subsequent, and consequent upon it. This fibrous, and, as it may be termed, "analogous structure" of the deposit, is to be explained by the ordinary phenomena of the conversion of the fibrine of the blood into fibre; for on the coagulation of the blood the plastic properties of its fibrine become manifest, whereby it assumes almost from the commencement a laminated or fibriform arrangement. The adhesion of these fibres to the dura mater and to the pericranium is also referable to the tendency which exists in fibrine to escape towards, and accumulate at, the circumference of the coagulum, and to place itself in contact with the living tissues which surround the coagulum.

CASE OF CHOLERA MORBUS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—If you deem the following case of cholera at all interesting, in a practical point of view, I beg you will give it insertion in the "Provincial Medical Journal."

Yours obediently,

AN EXTRA LICENTIATE.

Sidmouth, November 14, 1842.

Ann Nash, aged thirty, had been cook in a gentleman's family, but was obliged to leave from ill health, generally complaining of pain in the side and chest, with occasional palpitation of the heart. She was taken suddenly ill at her brother's house (some little distance from her own) on Tuesday night last, or rather, early on Wednesday morning, August 31, with violent pain in her bowels, which was speedily followed by vomiting and purging; but instead of fluid resembling rice gruel, a great quantity of dark blood, about one quart, was ejected from the stomach, unmixed with food, and a larger quantity passed the bowels, with some most offensive feculent matter. She was immediately assisted to her own home. I did not see her till nearly eleven, a.m., more than six hours from the time she was attacked; I found her suffering from the following symptoms (on inquiring, I could not ascertain that she had been eating anything the day before which would be likely to disagree with the stomach):—The legs drawn up,

with very severe cramp; violent and continual pains in the epigastric region; skin of a livid and slightly blue color, covered with a cold, clammy perspiration; tongue white; thirst extreme; pulse about 45, and fluttering; great depression and anxiety of countenance, with sunken eyes. The following was immediately ordered:—One large tablespoonful of brandy in half a cup of arrow-root every half hour; with—

Calomel, four grains;

Opium, four grains;

Aromatic confection, sufficient to form into four pills. Take one every three hours.

Legs to be tightly bandaged.

Evening: She still vomits a small quantity of blood; excruciating pain in right side; not able to bear the least pressure, or take a slight inspiration. Mustard poultice ordered to the side immediately, and kept on for an hour; when removed, warm flannels to be applied; then one wineglass of brandy was given, from extreme exhaustion. Pain in legs worse; right hand seized with cramp; her groans were heard in the street, from the extreme pain she was then suffering.

Nine o'clock. Pain in right side relieved; the left was now affected, extending over the region of the stomach. Another poultice applied similar to the last; pills to be continued, with three tablespoonfuls of the following mixture in lemon juice:—

Camphor mixture, six ounces;

Carbonate of ammonia, twenty-four grains;

Spirit of nitrous æther, three drachms;

Syrup of poppies, two drachms.

Vomiting still continues, but only the brandy and water she had been taking; bowels slightly moved; discharge very offensive; has not passed any water for twenty hours; great thirst. To take during the night brandy with arrow-root, as before ordered; toast and water.

September 1, Ten, a.m. Passed a restless night; still vomiting; bowels not open; great pain in legs; poultice relieved pain in side and stomach; pulse 40, fluttering; tongue rather dry, probably from the effect of the opium; pains in the head and eyes; slight perspiration over the whole body; reaction had in some degree taken place. Continue the pills during the day, with an enema of gruel. Take arrow-root and brandy. *Evening*, nine o'clock: Bowels acted once; feces very offensive, and slightly tinged with blood; occasional vomiting. Being anxious to keep the stomach in a tranquil state, I ordered only an injection with gruel and oil to be given. A very small quantity of urine passed, attended with a great deal of smarting pain. Should vomiting to any extent return, forty drops of tincture of opium were left, and ordered to be given in brandy and water. Head to be kept wet constantly with vinegar and water.

2, Ten, a.m. Some little sleep during the night; occasional vomiting; did not take the drops; bowels only open once from two enemata; pain in sides and chest better; cramp in legs less, but very sore on being rubbed; pulse 40; tongue rather dry; circulation better; slight perspiration; passed about half a pint of high colored urine; took some mutton broth, which remained on the stomach; complains of great hardness about the bowels, and tenderness on pressure, with a feeling that, if they were freely evacuated,