summoned soon after. On my first examination I found the os uteri dilated to the size of a shilling, the membranes entire, and a soft dilatable mass presenting, more like the breast than any other part of the fœtus. The pains were regular, and in about twenty minutes the os uteri became fully dilated, the membranes were ruptured during a pain, and an unusual quantity of liquor amnii escaped. I again examined, and found the same soft dilatable tumor presenting, but discovered, on further examination, the right ear opposed to the side of the pelvis, which immediately convinced me of the nature of the presentation, although I could not feel the parietal bones, or, indeed, any of the bones of the head. The child was born without any difficulty, and proved to be a full-sized one, of the male sex, but acephalous, and did not manifest any signs of life. The integuments of the face and head were naturally developed, as were the eyes, nose, and mouth; but the whole was easily compressible into a very small compass, being destitute of the ordinary bony formation. I was not permitted to examine the child, but am convinced in my own mind that it was perfectly destitute of brain, and bearing some analogy to a case related in the "Medical Gazette," January 26, 1833, of an infant totally destitute of brain, cerebellum, or medulla oblongata. In that case there were unequivocal signs of life for the space of eleven days, such as moving the limbs, breathing, and crying; but in the one I have related life was extinct.

REMARKS.

In most cases where monstrosity occurs, there is a disposition on the part of the uterus to expel its contents during the early stages of gestation; but in the case of the acephaloid fœtus there appears to be an exception, showing, as Dr. Ramsbotham has stated, "that the brain is not essential to our being whilst in utero, for many of these children have arrived at the full intra-uterine size—nay, some are actually larger than the ordinary fœtus, as if nature had intended to compensate for the loss of the brain in allowing an exuberant growth in the body." In the present instance the woman had arrived at her full period, and had had, until ten days previous, unequivocal signs of the child being alive. She was so impressed with the idea, since her alarm, that she should have a severe labor, that, on being informed of the defects of the child, she said she was persuaded that something of the kind would prove to be the case. We have no satisfactory proof that deficiency of parts exists from the first development of the fœtus in utero, and the only reason that can be assigned for nature's deviation from the right course is, the effects that particular and sudden impressions on the mind produce during the early stages of gestation. We have many well authenticated cases on record where children have been born with various deficiencies—such as an arm or leg with a perfect stump, caused, as I recollect an instance that occurred in the practice of my father some years since, by a woman being suddenly alarmed by a man soliciting alms, and holding up the stump of his leg. The woman being then in the early stages of pregnancy, afterwards gave birth to a child with a perfect stump.

* * We fear that Mr. West has mistaken the *post hoc* for the *propter hoc*. His theory is utterly untenable.—Eds.

EFFECTS OF THE TARTAR EMETIC OINTMENT ON THE SCROTUM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The publication of the letter in your last weeks' Journal, from Mr. Griffith, of Oswestry, on a curious effect of tartar emetic ointment, has induced me to send you a short history of the following case, which occurred in my practice a few months since.

J. D., aged thirty-six, was ordered to use the tartar emetic ointment, for chronic swelling of the knee-joint after rheumatism, and told it would produce a crop of painful pustules, which after a few days appeared on the inner side of the knee; I then ordered him to continue the application on the outer side; this he did, and, much to my surprise, it produced a severe effect upon the scrotum, which assumed quite a confluent character. I directly charged him with having applied the ointment, or his unwashed hands, to the part, but he declared he had not, and begged for something to relieve his suffering, which he stated to be ten times worse than the pain from a blister; fomentations, poultices, &c., were successfully applied. The patient was of a spare habit, and had his scrotum much relaxed by confinement to bed, which probably rendered it more susceptible of the action of the ointment; but whether it was carried to that organ by absorption, or was brought in immediate contact with it by means of his shirt, which frequently touched his knee and scrotum alternately, and possibly gathered enough to affect the latter, I am still at a loss to know, though I am inclined to think there was direct contact with the ointment. Last month I saw a similar affection on the scrotum of a lad fifteen years of age, whose mother had been rubbing croton oil over the abdomen, and had carefully avoided all other parts.

I am, Gentlemen,

You obedient servant,

JOHN B. PITT, M.R.C.S.

Mattishall, Norfolk, Nov. 15, 1842.

MICROSCOPIC RESEARCHES ON SOFTENING THE BRAIN.

By Professor GLUGE, of Brussels.

The brain is composed, as every one knows, of white and grey substances. The white or medullary substance, when viewed under a magnifying power of 250 diameters, appears to be composed of white, cylindrical, uninterrupted, and elastic corpuscles, which, in virtue of their elasticity, contain nuclei of about the 1-2700th part of an inch in diameter. It seems probable that the cylindrical corpuscles are true canals, the intervals between which are filled with networks of extremely fine cellular membrane. The cortical substance is supported by the same network, and contains similar but still smaller canals, which are mixed up with spherical corpusculi.

Having thus briefly noticed the microscopic characters of the nervous tissue, the author passes to softening of the brain, which he distinguishes, according to the color, into—1, a yellowish red; and 2, a perfect white. The softening sometimes occupied the white or grey substances exclusively, but in most

cases both. The author has observed softening of a considerable portion of the cerebrum and cerebellum, pons, walls of the ventricles, &c., but not of the spinal marrow; the disease was never general, and hence the states of the affected and sound parts could always be compared together. The degree of consistence of the softened parts varied much, as did also the color, from white and grey to light red, red, and yellow, the latter being the most frequent. The author next gives the results of his researches in a series of cases of softening of the brain.

CASE I.—Female; paralysis. Pultaceous softening of several points of the cerebrum and cerebellum, both in the grey and white substances. *Microscopic Appearances*: The nervous canals were broken up into fragments, but not changed in appearance; these fragments were mixed up with spherical, opaque corpuscles, ten times larger than pus globules, and enveloped by numerous small globules, which were easily separated by slight pressure; the latter were spherical and transparent. When the scalpel was dipped into the softened mass, the drops which fell from it contained a great number of the above-mentioned corpuscles, mixed with fragments of nerve tubes. The healthy portions of the brain did not contain a trace of them.

CASE II.—Male. Cerebral symptoms without paralysis; softening to the extent of a few inches of the anterior lobe of the cerebrum. The softened mass contained a few fragments of nerve tubes with a great number of the globules already mentioned, agglomerated together.

CASE III.—Female; apoplexy; paralysis of left side; recent attack within fourteen days. Extensive softening of the right hemisphere, which was of a mixed red and grey color; left hemisphere injected, but of natural consistency; apoplectic clots in both, and a reddish-colored fluid in both ventricles. The latter contained agglomerated globules and fragments of nerve tubes; and the coagulated blood enclosed similar fragments. An enormous number of agglomerated globules were found in the substance of the right hemisphere, and but very few on the left side. Nerve tubes could not be discovered in the coagula.

CASE IV.—Male. Paralysis of the left side for several months; red softening of the hemisphere; great congestion of the capillary membrane; the nervous tubes are shrunken or not easily discovered, and only small fragments of them can be found in the softened portions of the brain; in the remainder they are unchanged. The agglomerated globules exist in great quantity in the white and grey softened parts.

CASE V.—Female. Sudden attack four weeks before death. Paralysis of right side and contraction of limbs; effusion of blood into and softening of right ventricle. The softened mass contained nothing but fragments of nerve tubes, mixed with a great number of agglomerated globules in the white and grey substance; the capillary network round the softened parts was deeply injected.

CASE VI.—Male. Constant delirium; excessive sensitiveness of the skin; contraction of right arm; no paralysis; deep red softening of right hemisphere; some straw-colored fluid in left ventricle; upper surface of corpus striatum softened; white softening of

pons and corpus callosum; grey red softening in the cerebellum. The fluid of the ventricles contained some blood corpuscles and agglomerated globules. In the portions of nervous substance affected with white softening were some fragments of nerve tubes, which were scarcely recognisable, and some globules, an immense quantity of which existed in the red softened parts. In the middle of the cerebellum was a softened gelatinous spot, about the size of a half-penny; here the nervous tubes were easily distinguished with several agglomerated globules and numerous pus globules, from the admixture of which arose the gelatinous appearance.

CASE VII.—Female; forty years. Had an apoplectic attack six weeks previously; paralysis of left side. The posterior portion of the right hemisphere exhibited every gradation of red softening up to yellow points, but the softened parts were not diffuent; in a small portion there was white softening, without any change of color whatever. In this part the nerve canals were collected into bundles and shortened, and a white amorphous substance was interposed between the fragments of the tubes; no trace of agglomerated globules, which, on the contrary, were numerous in the points of red softening. Here the tubes had either disappeared or were reduced to mere striæ; the yellow points looked under the microscope like masses of fat globules.

CASE VIII.—The patient had complained for a long time of headache, stupor, and creeping sensations in the limbs; cavities in the hemispheres and pons lined with a species of reddish membrane. The surrounding nervous substance was softened, and here was a large quantity of agglomerated globules.

CASE IX.—Fall from a height; fracture of skull; death. Effusion of blood at the base of the cerebellum, in both ventricles and in various parts of brain; pultaceous softening of several points, with fragments of nerve tubes, but no trace of agglomerated globules; fragments of the tubes and of the cellular network in the coagula. This case furnishes an example of mechanical softening from effusion of blood.

CASE X.—Apoplectic softening, without any product of inflammation. Numerous fragments of lacerated cellular network and unaltered nerve tubes in the apoplectic cell, and no trace of globules in the softened mass around it.

CASE XI.—Girl sixteen years old; apoplectic clot in the pons; death on the day of attack; the patient had merely complained of headache. Throughout the medullary substance the network of fine cellular tissue strongly injected; in the coagula lacerated nerve tubes.—*Ostr. Med. Woch.*, Jan. 22, 1842.

INOCULATION OF THE MEASLES.

By Dr. M. VON KATONA, of Hungary.

During a very extensive and fatal epidemic of measles, which prevailed during the course of last winter, I had recourse to inoculation of the disease in 1,112 cases, and succeeded in communicating to the persons, thus inoculated, a mild and harmless form of the complaint.

Dr. Home, of Edinburgh, was the first (in the year 1758) who inoculated the measles with success, and