There was no sickness, no affection of the senses, no convulsive movement, and no impairment of intellect. His appetite was tolerable and bowels regular. The pain in the head was constant and sometimes very severe, and the pulse was quick and feeble. A careful consideration of the case led me to infer that the symptoms depended on the existence of some organic disease of the brain—most likely of the cerebellum. He was ordered to be cupped, to have the head shaved, the cold douche was to be used every four hours, and he was to take some aperient mixture. At the next visit he stated that the cupping had afforded him some slight relief, but of very limited duration; the pain and uneasiness very soon returned. He was ordered to be cupped again, to continue the cold douche, (which he said was very grateful to him,) and to take two grains of calomel every four hours. A blister was applied to the nape of the neck two days after the second cupping, and he continued to take the mercury till it affected his mouth. He was on the whole decidedly better, and the pain in the head was so much improved that I abandoned the intention I had previously had of requesting my surgical colleague to make an extensive incision of the scalp over the seat of pain. I was then unable to get down to the Infirmary for more than a week, and on visiting our patient again, I was informed by the House Surgeon, that a day or two after the last visit the pain again became more severe, but had assumed an intermittent character, the periods of its return were not regular but the intervals were complete. Under these circumstances he had prescribed the sulphate of quinine in doses of two grains three or four times a day. At the period of my visit he was suffering from an attack of diphtheritic inflammation; the mouth and fauces were covered with albuminous deposit, the skin was hot, the pulse very frequent, and he still complained of considerable pain in the head, which, however, he said, had changed its seat—it had left the occipital region and had become fixed at the top of the head. The quinine was immediately discontinued, and he was ordered to take a mixture with mucilage and the carbonate of soda. The febrile symptoms speedily left him, but he remained extremely feeble, lost his appetite, and continued to complain of his head. About this time he first complained of vertigo, from which he continued to suffer occasionally. On the 12th of March he was again ordered to take the sulphate of quinine in consequence of the symptoms of cerebral disturbance having once more assumed an intermitting character; during the early part of the day he was free from pain, but it returned about noon and continued till bed-time. On the 13th he had no pain till evening, and then it continued only for a short period, and was much diminished in severity. On the 14th the pain was more severe, and the dose of quinine was increased. Early in the morning of the following day he was seized with convulsions, and died in less than an hour afterwards.

Post-mortem examination. There was nothing remarkable in the appearance of the membranes. The arachnoid was moderately milky; the veins on the surface of the brain were congested, but not more so on one side than the other. There were not more bloody points than natural on incising the brain. The lateral ventricles were completely distended with clear transparent fluid. The central parts of the

brain were softer than natural, but the substance of the hemispheres was firm. In the left lobe of the cerebellum there was a circumscribed portion, rather larger than a shilling, which had a ragged appearance and was soft and pulpy to the touch; a small clot of coagulated blood was found in this situation. The rest of the cerebellum was healthy.

This case is neither devoid of interest nor instruction, but at present I have not time to enlarge upon it. The following particulars which it illustrates, demand your attentive consideration.

1st. Formidable disease of the brain may give rise to no urgent symptom but severe pain.

2ndly. The pain occasioned by organic disease, at first constant, may assume an intermittent character during its progress.

3rdly. The mode in which chronic diseases of the brain often terminate.

Several other points of interesting enquiry will also doubtless suggest themselves, especially whether the softened state of the circumscribed portion of the cerebellum was the cause or the consequence of the extravasated blood which existed in the midst of it, and what occasioned the large effusion of serum into the ventricles.

With respect to the treatment, you will remark that although he was to some extent benefitted by the cuppings, blisterings, cold, and calomel, yet the relief was neither perfect nor permanent; it was, in fact, of very short duration. A more active mode of treatment was obviously altogether inadmissible in a person whose constitution was so greatly shattered, and in whom the symptoms had existed for so long a period. Whether he would have derived any benefit from the long incision over the seat of pain is very doubtful, but I confess I have some feeling of regret that I was induced to abandon the employment of this remedy.

REMARKS ON AN EASY METHOD OF STOPPING PROFUSE HÆMORRHAGE FROM THE NOSE, ESPECIALLY IN ADVANCED AGE.

By W. S. Oke, M.D., Southampton, and of the Royal South Hants Infirmary.

Before entering upon the immediate subject of this paper, I deem it right to say a very few words on the principal causes of cerebral congestion, and on the remedial character of nasal hæmorrhage in such cases.

A congested state of the blood-vessels of the brain would undoubtedly be an every day occurrence from the mere excitement of the human mind, but for a beautifully contrived physical arrangement of the chief cerebral arteries—the internal carotids and vertebrals—just before they enter the cranium. At this point they make several coils or turns, evidently for the purpose of moderating the force of the arterial jet upon the brain; the main causes of cerebral congestion are, therefore, rather to be sought for in obstructions to the venous current, on the right side of the heart, or to its passage through the lungs, than in an excited action of the cerebral arteries. Accordingly in morbid obstructions in the cavities on the right side of the heart, we shall frequently perceive a fulness of the face, and a dark hue of the lips; and during a paroxysm of vehement coughing, the head and neck will be turgid and

livid, evidently showing in both instances a congested condition of the venous system in those parts.

It may be observed here that coughing and vomiting have very different effects upon the vessels of the brain; the latter empties them by lessening the force and frequency of the arterial action, and by contracting the dimensions of the stomach; the former distends them by obstructing the pulmonary circulation.

In cases of cerebral congestion from the above causes, or indeed from whatever cause, it is obvious that nasal hæmorrhage is an outlet of the greatest possible benefit—in short, a safety valve to preserve the brain from impending apoplexy, either by serous infiltration from the arterial capillaries, or by the extravasation of blood from a disruption of the veins. The reason of the Schneiderian membrane being, as it were, selected as an outlet to a congested brain, is probably from its proximity, its vascularity, and from its vessels being in communication with the meningeal vessels passing through the foramina cribrosa, spinosa, ovalia, and foramina lacera orbitalia superiora; and I believe that in almost every instance of nasal hæmorrhage, the blood will be found to issue from the floor or sides of the nostril. For the above reason, hæmorrhage from the nose ought not to be inconsiderately stopped, although it may be very profuse, and for a time lower the powers of the constitution. But notwithstanding what has been said, there is a limit to the hæmorrhage beyond which, instead of preserving the life of the patient, it may destroy it; and when it goes on to such an extent, it becomes our duty at once to arrest it. To furnish a ready method for doing so, is the more immediate object of this paper.

A novel and ingenious remedy for restraining nasal hæmorrhage has been lately recommended, viz., to hold up the arm on (I believe,) the side of the bleeding nostril perpendicularly above the head. This is done, I presume, for the purpose of emptying the brachial veins, in order to give a freer current to the axillary artery, and to divert it in an equal degree from the corresponding carotid and vertebral arteries.

In simple cerebral congestion, where there is no impediment to the circulation on the right side of the heart, this method may succeed; but when such an impediment does exist, no benefit can accrue from it.

The long-established method of plugging the bleeding nostril before and behind, must of course succeed when it is carefully done; but as we might not always be prepared to effect it at once, and moreover, as it is not the most agreeable operation to the patient, I have another means to propose, remarkably simple, and one which, I trust, will in most cases be equally effectual—at any rate it was so in the two cases about to be adduced.

When then, the hæmorrhage continues to be so profuse as to peril the life of the patient, let the lesser finger be introduced up the nostril and pressed upon its base and sides till the bleeding is stopped. Having kept up the pressure for a few minutes, a small compact dossil of lint, made wet with cold water and rolled upon powdered alum, (if at hand,) is to be carried up to the point which had been compressed with the finger, and held there by the same pressure; after this, other little compresses of the same kind are to be successively laid on by the handle of a teaspoon,

or some such means, till the roof of the nostril supplies the pressure of the finger.

CASE I.—I was called in the night to a lady of advanced age and slight form, on account of a profuse bleeding from the left nostril. When I arrived I was astonished at the quantity of blood she had lost, which was not less than two quarts and of a venous colour. As the blood was still flowing profusely, I immediately introduce my little finger into the left nostril, and making pressure upon its base, stopped the blood *instantly*. The bleeding point was compressed in the manner above described, and the hæmorrhage never returned.

CASE II.—A gentleman of agricultural pursuits, about 60 years of age, had from time to time consulted me for symptoms of angina pectoris. He could not walk any distance without being arrested by distressing pain across the chest and down the arms; and as it was quite clear that the symptoms were caused by an organic lesion of the heart, I was persuaded that his life would terminate suddenly in some future paroxysm. After these symptoms had continued for some years, I was hastily summoned to visit him by his medical attendant, on account of a nasal hæmorrhage which had recurred at intervals to an alarming degree. Upon my arrival the right nostril was bleeding a stream, but as his countenance was not blanched, as his pulse was full and strong, and as I was aware that he had long been affected with disease of the heart, I recommended that the bleeding, which was of a venous character, should be allowed to continue for a time, as otherwise it would probably be necessary to take blood from the arm. However, thinking it right before I left him to try if the hæmorrhage could be controlled by the above simple method, I introduced my finger into the nostril, and by pressing upon its inferior surface, stopped the bleeding *at once*; and had it been deemed necessary to prevent the return of the hæmorrhage, it could have been effectually done as in the first case.

The following day he died suddenly from another attack of angina.

NEWCASTLE-ON-TYNE INFIRMARY.

Practice of Sir JOHN FIFE.

CONTRACTED CICATRIX: AUTOPLASTIC OPERATION.

An operation for contracted cicatrix, on the plan proposed by Professor Mütter, of the United States, has been recently performed in the Newcastle-on-Tyne Infirmary. The patient was a young girl, Eliza Goodchild, seven years of age. The contractions followed a burn of the throat, and prevented the head being raised, and the under lip being closed.

Sir John Fife had operated on the case once before, by simply dividing the adhesions, and fixing back the head; but after cicatrization the integuments again became contracted, though not, as before, binding the chin down to the breast.

The operation was performed on the morning of the 7th of April. Sir John Fife commenced by making an incision entirely across the throat, followed by a perpendicular incision at each end of it; he then dissected between the integuments and the cartilages of the larynx, so as to admit of an extensive separation of