A CYST AT THE BASE OF THE BRAIN FORMED BY THE SOFTENING OF SCROFULOUS DEPOSIT. By Dr. J. W. Ogle.

The specimen consisted of a brain showing a cyst of about the size of a pigeon's egg situated in the right portion of the substance of the pons Varolii, and having thin and friable parietes. This cyst, when recent, was full of a yellow glairy fluid in which a number of light-coloured soft particles of albuminous matter existed, and was lined by a delicate but firm membrane.

The cyst extended outwards to the extent of about three quarters of an inch, also forwards and backwards so as to indent the right lobe of the cerebellum, and the under surface of the middle lobe of the right cerebral hemisphere, interfering by pressure with the fourth, fifth, sixth, and seventh pairs of cranial nerves on the right side.

The arachnoid tissue in the neighbourhood of the cyst, was thickened and opaque, and the lateral cerebral ventricles were expanded, and distended with a quantity of clear limpid fluid. In other respects the entire brain and the membranes were quite healthy.

The specimen was removed from a girl, aged 18, who was admitted into St George's Hospital in the following condition:—She was pale, evidently of a weakly disposition, and complained of a very "violent cold." When she attempted to smile or was made to whistle, the mouth was obviously, though not to any great extent, drawn to the left side. There was a kind of tottering and difficulty in using the left leg when she attempted to walk, and also loss of power in the left arm and hand. She complained of a general numbness, and also of loss of sensation, when pinched, up the whole of the left side as high as to the middle of the neck, and this was also the case with the right temple, and the right side of the nose and face as low as the base of the jaw. The right arm and leg were in a perfectly healthy condition. There was marked vascularity of the conjunctiva of the right eye and much lachrymation existed. The right eye-ball was drawn inwards, and though the patient could move it in other directions, she could not abduct it; and the pupil was rather contracted, but tolerably active under its stimulus. The left eye-ball had perfect motion. Its pupil was rather dilated, acting under the application of light. The vision of the right eye was imperfect, and the patient was unable to close the right eyelids completely, the pupil being turned upwards and inwards on the attempt being made. There was a difficulty in trying to swallow or open the mouth, and a peculiar noisy inspiration whenever she breathed. These latter symptoms seemed at the time referable to enlargement of the tonsils which existed to a great extent. The bowels were costive, and the urine,
RUPTURE OF THE SEPTUM CORDIS. [Mar.

which was free from albumen and was natural, was at times passed involuntarily. The tongue was clean and red, and protruded in a perfectly straight direction. The gums were spongy and red as if from the administration of mercury, and the pulse was small and quick. The mental powers appeared intact, and the patient intelligently related her own history and case. No pain was in any way complained of, and nothing unhealthy was discovered about the lungs or heart. On examination, her history proved to be as follows:—

She had enjoyed good health until about two months before her admission into the hospital, but had never menstruated. At that time she was, owing to cold, affected with hoarseness and sore throat, and about three weeks afterwards was afflicted with giddiness and pain at the forehead, which remained for about one month. At the same time a "numbness and tottering" of the whole of the left side of the body came on, and she was treated by a medical man; along with this the eyesight on the right side began to fail, and the right side of the face became numb. For the first fortnight also after the numbness came on, the patient had double vision, though this did not last long. The giddiness and numbness, however, have remained ever since. The patient had never been affected with tinnitus or any visual illusions, or with any stiffness or pain of the neck or scalp, or yet with any cough or haemoptysis or discharge from the ears or nose, but she had been deaf for some weeks of the right ear.

When admitted into the hospital she was placed under the influence of mercury, and a blister, dressed with blue ointment, was applied to the nape of the neck. The bowels were carefully regulated by senna, and she had the ordinary diet. She was shortly placed thoroughly under the influence of mercury; but of this she was herself ignorant, as she was insensible to its effects. When she had been in hospital about fourteen days, she was observed as having become very obtuse, she was affected with loss of appetite, and frequent attacks of vomiting. The speech had become very indistinct. The conjunctiva of the right eye had become very highly vascular, and the cornea very dull, though the other eye was also suffused. The pupil of the right eye which was more contracted than the left one was turned upwards and inwards, and she always slept with the right eyelids open. The pupils of both eyes acted. The pulse was 80, and the skin cool. The mercury was at that time discontinued, and another blister applied to the neck. Salines and milk diet were resorted to. After this the patient varied greatly. The tongue became dry, and the difficulty of deglutition and opening the mouth very great. The bowels were never open without the use of medicine. About ten days later the eyesight, on the right side, had become still more impaired, and the pupil, which was more contracted, would scarcely respond to light. Vomiting became a more general feature in her case, and the mouth was more decidedly drawn to the left side. Later still, pain at the back of the head came on, but up to this time the appetite remained very great. Purgatives and blisters were the chief agents resorted to. After the patient had been in hospital about seven weeks she was seized with an attack of what the nurse called a "fainting fit" whilst on the night chair, and a few hours later insensibility came on, with lividity of the face, foaming of the mouth, coldness of the surface, and depressed pulse; and after much "bronchial rattle" the patient died. On post-mortem examination, nothing except congestion of the lungs and accumulation of mucus within the bronchial tubes, beyond what has previously been described, was found.—Trans. of Patholog. Soc. of Lond.

CASE OF RUPTURE OF THE SEPTUM CORDIS. BY DR PEACOCK.

The gentleman who was the subject of this case was a patient of Mr Brendon's, and for the specimen and history, Dr Peacock was indebted to Mr G. F. Lane. He was about 62 years of age, had enjoyed, generally, good health, and was in the practice of going from Highgate into town every morning, and returning in the evening. Four or five days before his death, he felt, one
evening, after his return home, a slight pain in the chest, exactly over the ensiform cartilage, and, as he had occasionally suffered from muscular pains, he was supposed to be rheumatic, and treated accordingly. He was soon relieved, and, indeed, remained at home only two days, and that, not because he felt ill, but from having no engagements at his office. On Wednesday evening, the 22d, after his return home, he had a light dinner, which he enjoyed, and took three glasses of sherry with it. At about half-past ten o'clock, he said he should go to bed, and his wife noticed that he hurried up stairs, undressed rapidly, and immediately got into bed, but this would not have attracted attention had it not been for the result. His wife then observed that his breathing was rapid, and said that he had walked up stairs too fast, but he made no reply. Immediately after he jumped out of bed, went to the night chair, and again lay down. His wife asked him why he so immediately returned to bed, to which he merely answered that he supposed he might get into bed. His breathing then became more difficult, but not so as to alarm his wife much, till half an hour had elapsed, when she sent for Mr. Brendon, who arrived at twelve o'clock, and found that the gentleman had then been dead some minutes.

Post-mortem examination.—The chest only was examined. The venous system was loaded with blood, and the veins, about the upper part of the mesial incision for opening the chest, bled freely. There was about an ounce of bloody fluid in the pericardium. The lungs were healthy; the left ventricle was empty, and the right contained a little semi-coagulated dark blood. The heart was large, weighing fourteen ounces and a half avoirdupois. There was a considerable deposit of fat following the course of the vessels, and especially on the anterior surface of the right ventricle. The attached pericardium, chiefly on the right ventricle and auricle, was thickened and displayed several white patches, and at the posterior part of the organ there was a deep discoloration of the surface, from the infiltration of blood into the subserous cellular tissue. The left ventricle was of large size, and its walls were thicker than natural. In the septum ventriculorum, about one-third from the apex of the left ventricle, there was a large rupture. This commenced behind the attached fold of the mitral valve, and extended across the septum, in a somewhat crescentic direction, penetrating to the apex of the right ventricle, into which it opened by a laceration sufficiently large to pass the point of the forefinger. Posteriorly, it perforated the entire thickness of the wall of the ventricle, so as to be separated from the cavity of the pericardium only by the serous covering; and, above the extravasated blood, produced a swelling, projecting into the right auricle. The substance of the heart was generally flaccid, and, in the neighbourhood of the rupture, obviously fatty. The mitral and aortic valves, and especially the latter, were opaque and much thickened. The coronary arteries were studded with patches of atheroma and bone. The aortic orifice was considerably less capacious than natural, only giving passage to a ball measuring thirty-three French lines in circumference, while the pulmonic aperture admitted one measuring forty-two lines.

I have been favoured by Dr. Bristowe with the following report of the appearance under the microscope:—"The muscular tissue of the apparently healthy portions of the heart presented, universally, unusual indistinctness of the transverse striæ, and, in many of the fibres, beads of oil were arranged in longitudinal strings.

"The pale and mottled portion (that in which the rupture had occurred) presented variable appearances under the microscope. Many of the fibres were but little diseased, whilst others were degenerated to the last degree. The latter were opaque, and all trace of definite structure was often completely replaced by innumerable and densely aggregated refractive globules, in some cases exceedingly minute, in others of considerable size, and evidently oily in their character. Many fibres were observed, which, in one part of their course were tolerably healthy, and, in another, greatly diseased,—the transition
being more or less abrupt. The diseased fibres were not uniformly distributed, but appeared to be, for the most part, collected into groups; they presented also a marked brittleness, or tendency to break into fragments.”—Trans. of Patholog. Soc. of Lond.

FRIEDREICH ON THE DIAGNOSIS OF TUMOURS WITHIN THE CRANIUM.

The above author has recently published a very interesting monograph on this subject, containing the particulars of 45 cases of intracranial tumours, 11 of which were observed by himself; and on these he has founded some valuable remarks as to the mode of their diagnosis. The following is a brief resumé of his observations on these points. He considers

1st. The General Effects of Intracranial Tumours.—Various derangements of sensibility occur. One of the most constant of these is headache, which is especially frequent in the early stages of the disease. The cephalalgia is remarkable for its persistence and intensity; it may be either continuous or intermittent; and it may be accompanied by vertigo and vomiting. Its site does not always indicate the place of the new growth. The organs of special sense may be affected; the sight becomes impaired on one or both sides; there may be strabismus; and the hearing generally suffers more or less. The minor grades of paralysis are common. The length of interval between the initiatory headache, and the occurrence of the paralysis constitutes the most characteristic mark of these intracranial tumours. Convulsions and spasmodic conditions occur in one half of all cases; and the former often assume an epileptic type. The mind is always more or less affected; its diseased condition generally commencing with loss of memory.

All these symptoms are very inconstant and variable; they are also liable to alternate remissions and exacerbations, which probably are due to the occurrence of transitory congestions either of the tumour, or the cerebral substance, or perhaps of both together. The course of intracranial tumours is always chronic. Friedreich never knew a case to be shorter in duration than 6 weeks, or longer than 14 years.

2d. The Special or Differential Diagnosis of Intracranial Tumours.\(^1\)\(^2\)\(^3\)\(^4\)—(a) Those situated in the cerebral hemispheres (18) are generally accompanied by obstinate headache (14); nausea and vomiting (9); by derangements of the motor functions (14); consisting of more or less extensive paralysis, and of convulsions which assume an epileptiform character. When hemiplegia occurs it is sometimes crossed (gekreuzt), and sometimes not; but it constantly occurs on the affected side. Derangements of the special senses are common (10), especially of sight (7); and intelligence is often impaired (11). In a few exceptional cases there are no headache or alterations of the motor functions.

(b) Tumours of the base of the cranium in the neighbourhood of the pons, occasion the following symptoms:—(9) headache, (8) almost always frontal; impairment of vision (7), commonly also of hearing and taste (5), and in some cases (3) of smell. All these symptoms, due to loss of power of the facial nerves, occur on the same side as the tumour; but paralysis of the extremities, when it occurs, affects the opposite side of the body. Complete hemiplegia and paraplegia are not very common; and convulsions occur less frequently than with the former class of tumours, and are not epileptiform. An important sign of these tumours is afforded by the great multiplicity of the existing sensorial disturbances, and the tendency of the optical derangement to become bilateral. The mind is sometimes affected (5).

3d. Tumours of the Pituitary Region.—Friedreich only saw 1 case of this. There was frequent frontal headache, often with pain in the orbit; and double amaurosis. There is rarely any disturbance of the motor functions.

\(^{1}\) The numbers placed above in brackets refer to the number of cases, among those examined by Friedreich, in which the particular symptoms were present.

—Translator.
4th. Tumours of the anterior part of the Base of the Brain.—Two cases were examined. The symptoms resemble those just mentioned.

5th. Tumours of the Peduncles of the Cerebrum and Cerebellum.—Paralysis of the face and extremities, occurring on the side opposite to that on which the tumour was situated, was observed in 3 cases. This makes tumours thus situated resemble those of the hemispheres. Complicated derangements of the nerves of special sense and of the face (as the oculo-motor and trifacial), were seen in 2 cases. This, on the other hand, approximates these tumours to those of the base.

(f.) Tumours of the Cerebellum (8) had the following signs:—Violent cephalalgia (7), often intermittent, and combined with vomiting (4); and situated in the occipital region (4). Occipital headache may be considered to be pathognomonic here, as it occurs in the case of no other intracranial tumours. Pain at the nape of the neck, increased by pressure, may exist. In one case there were no peculiar symptoms; and in none of the cases of tumours of the cerebellum were the generative functions at all affected.

(g.) Tumours of complex situation.—Correct diagnosis is here impossible.—

Beiträge zur Lehre von dem Geschwulsten innerhalb der Schädelhöhle. Würzburg, 1853. Also Prag. Vierteljahre, 1854, Bd. III.

Professor Mauthner of Vienna on the Injurious Effects of Certain Trades upon the Health of Children.

The health of the children of the poorer classes is seriously injured, not only by the laborious household duties which they are called upon to perform, often at a very early age, but also by the close unwholesome dwellings in which they are housed, and in which, not unfrequently, trades are carried on by their parents that are directly prejudicial to health. In fact, the diseases of the children of the poor often stand in direct etiological relation to the occupation of their parents. The vapour given off by the paste (Weberschlichte) wherewith the linen-weaver moistens his yarn is a common cause of mucous catarrh among their children. The exhalations from the bodies of the workmen who are congregated together in the workshops of poor tailors, and the unwholesome smell arising from the heaps of old clothes which accumulate therein, are a fruitful source of rachitis and scrofula among the children of such persons. The children of fleshers, meat-curers, and killers of swine and calves, are very liable to obstructive impetigo, and other chronic skin diseases; those of bakers are generally pale and bloated; while those of gilders are subject to chronic inflammations of the eyes, owing to the impregnation of the atmosphere in their dwellings with particles of fine gypsum dust. Mauthner witnessed a case of copper poisoning in the child of a carpet-colourer, who had to grind the verdigris for the formation of his father's green colour.

Professor Mauthner considers that the main cause of ill health among the children of the poor, is the thoughtless manner in which their parents select a trade for them, without considering whether or not they are physically adapted for it. They say "My son shall be a tailor like me, or a shoemaker like my grandfather," without ever reflecting whether or not the child's health is adequate to the requirements of the trade.

Artificial flowers are usually made by girls, and the trade is to them a most injurious one. It is only carried on during a few months of the year,—namely, at the Carnival time; and the girls work in small, close apartments, by dim artificial light, and they are very ill fed and ill remunerated. Disease is therefore common among them: and Professor Mauthner gives the details of a case of inflammatory ramollissement of the spinal cord which he witnessed in a child, 11 years old, who had been engaged in this work.

The straining of the lungs, required by the use of the blowpipe, renders emphysema (Blähhölse) common among the apprentices of goldsmiths; and even the older workmen are generally more or less affected in this manner.

NEW SERIES.—NO. III. MARCH 1855.
In these shops, the inhalation of the particles of dust set free in powdering the coals for the use of the blowpipe, is very injurious to youths with delicate lungs: so also is the process of sifting the sweepings for small particles of silver and gold, which requires to be done by them. The eyes of young people are much injured by the great use of artificial light by jewellers and goldsmiths, as also by the employment of the globes of water which they use to concentrate the light. Spinal curvature is common among the apprentices of stone-setters, who lean down with the left shoulder against the work-table, while the right is obliged to be kept elevated, for the proper management of the tools. And the employés in goldsmiths' works are also exposed to chemical fumes set free during the process of melting: viz., to those of lead, sulphur, ammonia, nitre, and also to the vapour of mercury.

Children are variously injured by working in large spinning factories, for their labour therein is long continued and exhausting. The apprentices of lace manufacturers are often injured by the pressure of the sternum against the so-called "Breast-board;" and Mauthner has even seen it occasion periostitis of that bone.

Although the physician cannot prevent the operation of the causes just mentioned, he should bear them in mind in reference to the treatment of the diseases of the children of the poor.—Journ. für Kinderkrankheiten. May and June 1854.

M. Trousseau on the Treatment of Spermatorrhoea.

M. Trousseau thinks that the advantage of Lallemand's *porte caustique* have been considerably overrated, and that there are only certain cases in which its use is productive of benefit. It is very useful where chronic urethritis co-exists with the spermatorrhoea, but where that is absent he thinks we ought to trust to other modes of treatment more suited to the cause of the disease.

The excessive debility induced by spermatorrhoea demands our most serious attention. If, in serious cases, we find neither urethritis nor cystitis present; if we discover neither calculi nor ascarides, nor any other thing which can explain the persistence of the emissions, we ought to ask ourselves whether the disease does not depend upon a condition of the vesiculae seminales analogous to the spasmodic state of the bladder in certain forms of incontinence of urine. Puerile enuresis is not due to atony of the bladder, or to any undue accumulation of urine, but to a spasmodic condition of the bladder. The same phenomenon occurs in the vesiculae seminales; and belladonna, which acts so beneficially in the case of the bladder, is also very useful in this other spasmodic condition. M. Trousseau prescribes accordingly in such cases, powders containing each 1 centigramme of the powdered root of belladonna, mixed with sugar. He orders one to be taken daily during the first week of treatment; two daily during the second, and so on until the patient experiences a sensation of dryness in the throat. At the same time he orders frictions of the perineum with an ointment composed of 10 grammes of the alcoholic extract of belladonna to 20 grammes of arnunge. If necessary, he also uses suppositories containing each 10 centigrammes of the extract. belladonna.

M. Trousseau doubts the utility of cold hip-baths in this affection. They may do good the first time they are used, but although they may temporarily arrest venereal excitation in nymphomania and priapism, this calm disappears on the occurrence of reaction, and the evil is increased.

Heat acts in an opposite manner. Hence M. Trousseau believes that in cases where erotic feelings are conjoined to spasm of the vesicula seminales, it is the best sedative which we can employ simultaneously with belladonna. The form in which he employs it is that of bags of heated sand, which he applies to the perineum for a few minutes, morning and evening. The simultaneous administration of lupulin may be very beneficial; but, where we desire decided anaphrodisiac effects, M. Trousseau recommends, on account of the certainty and efficacy of its action, the bromide of potass, in doses of from 15 grs. to 5ss.
daily.—Journal de Med. et de Chirurg, Prat, December 1854, and L’Union, 21st December 1854.

[We have elsewhere (see Therapeutical Notes), directed attention to the ana-phrodisiac virtues of Lupulin, and the mode of its administration; and in last month’s Periscope (p. 163) we recorded the results of Thielmann’s experience of the brom. potass. as a sedative in cases of erotic excitement.]—Translator.

ZIMMERMAN ON PECULIAR CONCRETIONS IN TYPHUS STOOLS.

This author has repeatedly observed in the stools of typhus patients considerable numbers of peculiar concretions, which varied in size from that of a large Turkish to that of a common white bean. He considers that there exists some relation between them and the millet-seed-like white corpuscles which, it is known, are found in typhus stools. The concretions varied in form and appearance; some were round, others spherical; some were smooth, and others rough on the surface. They were of a yellowish-white colour, of tolerably firm consistence, but capable of being crumbled between the fingers. When chemico-microscopically examined they were found to contain, besides large numbers of epithelial cells, various fatty matters, (1000 parts contained 237.8 of solid residue, and 156.9 of fats), among which there was almost no cholesterine; they also contained biliary constituents—a sort of albuminous substance, which Zimmerman believes to be casein and fibrin; and finally various salts, (viz., sulphates, carbonates, and phosphates of soda; chloride of sodium, and earthy phosphates.) The concretions differ from the corpuscles in their containing protein compounds, while the others consist of fat, with merely a little earthy matter. In the concretions the mineral ingredients are to the organic in the proportion of 1 to 17; in the feces they are as 1 to 1; the former contain little chloride of sodium, while in the latter, this salt exists in large proportions—constituting nearly a third of the whole.

Sigmund found similar fatty concretions in the feces of a lady affected with biliary derangement (Med. Chemie); and Kletzinsky (Heller’s Archiv., I., 1853) found similar fatty matter in the caecum of a person who had died of typhus, which was deficient in cholesterine, but contained biliary matters, intestinal mucus, and various salts, especially earthy phosphates.—Deutsche Klinik., 28, 1853.

SURGERY.

DISCUSSION ON THE CURABILITY OF CANCER, AND ITS DIAGNOSIS BY MEANS OF THE MICROSCOPE, AT THE FRENCH ACADEMY OF MEDICINE.

(Concluded from page 170.)

M. VELPEAU resumed his discourse, and continued thus:—

I think I have already demonstrated the non-specific character of the cancer-cell. But even admitting that it is specific, it cannot be said to be a constant and peculiar character by which we can, at all times, distinguish that which is cancerous from that which is not. May there not be in cancer, as in all diseases, certain phases of the malady in which some of its characters may be altered or absent? May not the cancer-cell be wanting at the outset, for example? May it not be that, in certain cancers, which we remove early (as those of the lips, for instance), the cancer-cells are not present which would have developed at a later period, if the tumours had been left alone? I do not say that it is absolutely so; but still it is quite possible. This would afford an explanation of those existing facts, for which it is better to seek an interpretation than to deny them altogether.

I have, moreover, often seen patients having tumours containing cancer-cells, in whom secondary tumours became subsequently developed, having the same characters as the primary growths, but which were quite devoid of cells. I would recall to your recollection the case of a woman, to whose history I have already alluded, who had two tumours, one on each side of the chest, the one