resuscitated from a state of suspended animation.* The accidents were, no doubt, chiefly due to the circumstance that it had been the custom to use the diluted preparation more freely than pure chloroform would have been used; still they illustrate equally well the comparative safety of diluted and undiluted chloroform, when used on a sponge or handkerchief.

Dr. J. Mason Warren has informed me that, since these accidents, the governors of the hospital have prohibited the inhalation of any other agent than sulphuric ether, for preventing pain in surgical operations.

18, Sackville Street, March 1855.

FATAL INJURIES OF THE HEAD IN CHILDREN.

By AUGUSTIN PRICHARD, Esq., Surgeon to the Bristol Royal Infirmary.

[Read at the Meeting of the Bath and Bristol Branch, March 29th, 1855.]

THE following two cases of injury to the head proving fatal in young children, by two very different forms of disease, appear to me to have considerable interest; and, with this view, I venture briefly to bring them before the notice of the Bath and Bristol Branch.

CASE I. Louisa Birt, when two years and a half old, became my patient, in consequence of a blow upon the nose received three weeks before, having been previously to this time a healthy child. A week after the receipt of the injury, which does not appear to have been very severe, some thin red fluid escaped from the nose, and she complained of intolerance of light. When I first saw her, she had ecchymosis of the lids of the right eye, and a hard tumour upon the right side of the temple. I gave the parents some simple application to use, and told them that I thought the case was of a very serious nature. Shortly after this time, the patient became much worse, and the eye was protruded from the orbit by some growth behind the globe. She became then totally blind, and died.

At the *post mortem* examination, at which, as also at the subsequent one, I had the advantage of Mr. Leonard's assistance, the following extraordinary condition of disease was discovered. There was soft vascular cancer of both orbits, involving the orbital plates of the frontal bone, the ethmoid, sphenoid, and the contiguous dura mater. There were several tumours within the cranium, between the bone and the dura mater, upon the temple, the vertex, the occiput, and base, but exactly opposite each separate internal tumour (all of which were somewhat flattened), was a rounded or oval cancerous swelling in a corresponding part of the scalp. The intermediate bone, as far as appearances went, was healthy. The rest of the body was not examined.

CASE II. A boy, Edward Bailey, aged 9 years, received a blow upon the left side of his face and nose, three weeks before he was admitted as my patient. The blow made his nose bleed at the time, and, after a week, he had headache, giddiness, and sickness. When the second week from the receipt of the injury had elapsed, the eye began to suffer. Upon his admission, three weeks after the blow, he had prominent eye (exophthalmos in ophthalmic language), amaurosis, complete ptosis or drooping of the lids, and immovable eye, with very dilated pupil and entire destruction of sight. I suspected suppuration in the orbit; but there was no evidence of any abscess pointing, nor was there any special indication for surgical or medical treatment. I gave him a small dose of grey powder, a simple lotion for the eyes, and applied a blister to his temple. This was on the 27th of last December. On the 31st, he was evidently worse, and appeared to be suffering from sleeplessness, with headache and giddiness. I ordered him

four drops of laudanum at bed-time. He now became unable to attend as an out-patient; and his father brought an occasional report of his symptoms until the 11th of January, when the boy died, after being convulsed and insensible for a day or two.

Upon proceeding to examine the head, I was much struck with the complete absence of anything like prominence of the eyeball, which had been so marked a symptom during life. The friends informed us that the eye suddenly returned to its place some time after death. There was a small quantity of pus on the floor of the left orbit, with a little carious opening through the orbital plate of the superior maxillary bone leading into the antrum. There was pus in the cavernous sinus of each side, extending into every opening from both, namely, the sphenoidal sinus, foramen rotundum and ovale, and running a short distance with the nerves of both sides. The sella turcica of the sphenon was also filled with purulent matter. The right side of the brain, and more particularly its anterior portion, was extremely vascular externally; and within was found a vast extravasation of dark and partially coagulated blood, filling the whole hemisphere, which appeared to be quite broken down through its entire structure.

REMARKS. I am quite in the dark as to the reason why purulent infiltration of the surrounding tissues, followed by apoplexy, should have been the result of injury in one case, or why in the other cancerous disease of extraordinary malignancy should be developed from an exactly similar cause. The only practical hint that I can deduce from these two facts is, besides a confession of the helplessness of all our present treatment in cases so rapidly fatal, a caution regarding our predictions in any instance where the effects of an injury in young subjects are not of a temporary and transitory nature.

Clifton, March 1855.

CASE OF LITHOTOMY: OPERATION IN THE MEDIAN LINE.

By JOSEPH HINTON, Esq.

[Read at the Meeting of the Bath and Bristol Branch, March 29, 1855.]

A FEW weeks since, the ASSOCIATION JOURNAL contained the review of a little work by Mr. Allarton, entitled *Lithotomy Simplified*. On perusing the work itself, I was struck with the apparent simplicity of the operation, and determined, if opportunity offered, to adopt it. At that very time, one of the miners on the Blaina works, aged about 40, was suffering from symptoms of stone; and, on a careful examination, the calculus was detected. He had been suffering for more than twelve months, but did not like to apply for relief, until at last his distress and suffering forced him. He was apparently healthy; and, after some persuasion, I prevailed on him to allow me to remove the calculus.

Accordingly, about three weeks since, assisted by my friend Mr. Scott, of Newport, and my own assistant, I proceeded to operate after the plan laid down by Mr. Allarton. Although, on sounding him in the morning, I had plainly felt the stone, and he himself distinctly heard the sound strike it, we could not detect it when he was placed on the table previous to operating. The injection of a little water removed the difficulty. The perineum was exceedingly deep; and, on piercing it in the median line, I feared that I must have missed the groove, and accordingly I withdrew the knife, and explored the wound with my finger. I found that the staff had not been reached; this was immediately done, and the incision completed. The urethra being opened, no water escaped. On the first introduction of my finger as a dilator, I immediately felt the stone; but it appeared so small that I could not believe it to be the only cause of his distress. Accordingly, I did not wait to remove it, but proceeded with my efforts at dilatation; in a very short time I found the calculus in the wound, and with one finger in the wound, and the other index finger in the rec-