REMARKS.—The patient cannot exactly say on what part of the knee he was struck by the bag, but it is most probable that he received the blow on the upper portion of the tibia, which was thus forced back into the ham, rupturing the ligament of Winslow, and tearing away the insertion of the posterior crucial ligament.

The youth and health of the patient, and the fact that so severe an injury had not within ten days been followed by any severe constitutional disturbance, would in an uncomplicated case have, perhaps, justified an attempt to save the limb. But here there was in addition a ruptured artery, to s cure which would have required the popliteal space to be thoroughly cleared from coagula, leaving a large cavity, almost certain to suppurate, and communicating directly with the joint: and moreover, as it proved, nothing short of ligature of the main artery would have proved effectual.

The amputation of the thigh was performed at a higher point than was absolutely necessary, in order to secure for the flaps soft parts which should not have shared in the accident, and thereby had their vitality lowered.

CALCUTTA NATIVE HOSPITAL.

CASES FROM PRACTICE.

Reported by Sub-Assistant Surgeon MOKODA CHURN SEN.

FRACTURE OF SKULL; PROTRUSION OF PORTION OF BRAIN; RECOVERY.

JAHAN MAHOMED, aged 30, was admitted into the Native Hospital, under the care of Dr. C. Macnamara, on the 4th of July, 1872, with a contused wound of the scalp, about three inches long, over the left parietal protuberance. The skull was fractured, and a small portion of the brain substance, about the size of a walnut, was found protruding through the wound. The extruded portion of the brain was much lacerated, and was wiped away easily with a soft sponge. The patient was quite sensible, and gave a clear history of his case. The wound was dressed antiseptically. Three hours after admission into hospital, he commenced to vomit violently, his pupils became dilated, and he was semi-comatose; this drowsiness passed off in about two days; the pupils responded to light again, and the man seemed to have gained perfect consciousness. The wound in the scalp looked remarkably healthy he was free from fever, and all seemed going on well until the 11th of July, when he complained of loss of power over the right upper extremity: this weakness of the right arm steadily increased with loss of sensation also, and within twelve hours of his noticing the paralysis, it had extended to the whole of the muscles of the right side; in short, he was perfectly hemiplegic, sensation and motion being destroyed; his articulation became faltering, and then quite indistinct. The patient remained in this state for twenty days, and then gradually improved; the right leg first regaining its power, then the arm, and lastly the muscles of his face. The patient was discharged from hospital on the 7th of August, having almost entirely regained the use of his limbs, and the sensation having been restored to the right side of his body.

STRANGULATED HERNIA; CONTENTS OF HERNIA DRAWN OFF WITHOUT EFFECT BY PNEUMATIC ASPIRATOR; OPERATION; RECOVERY.

ABDOOL, aged 45, was admitted into the Native Hospital on the 2nd of August suffering from strangulated inguinal hernia (right side) of six hours' duration. The patient was in great agony; the hernia very tense; pulse rapid; and temperature of body high. Chloroform was administered, and an ineffectual attempt made to reduce the hernia. Baboo Mokoda Churn Sen then passed the finest needle of the pneumatic aspirator into the strangulated gut, and drew off by means of the aspirator a quantity of gas and some fluid from the gut. The needle was then withdrawn, but still the hernia could not be reduced. Ice was constantly applied over the hernia; the patient was given two grains of opium, and Dr. C. Macnamara —some four hours afterwards—again used the aspirator as above described, but without effect. Being unable to reduce the hernia, he cut down upon the tumour, and without opening the sac, divided the stricture and returned the gut into the abdominal cavity without difficulty. The man made a satisfactory recovery, and was discharged from hospital, cured, on the 28th of August.

CASE OF EXOPHTHALMOS.

By H. C. CUTCLIFFE, F.R.C.S.

[From notes by House Surgeon Soorjee Coomar Chuckerbutty, with a post-mortem examination report and remarks by Dr. McConnell.]

JAMES WILLIAM MUFFAT, an East Indian, aged 55, was admitted into the Medical College Hospital on the 5th January, 1872, with protrusion of both eyeballs to an extent of about one-half of their bulk beyond the orbital cavities, and a marked puffy fulness above each of the inner canthi. The protrusion of the eyes was said to have commenced after an attack of fever, eighteen months previous to his admision into hospital. He was at first under Dr. Fayrer's care, but, on his leaving India, in February, became a patient of mine. He has been a very temperate and hard-working man. During the first four months of his illness he could see to such an extent as to be able to find his way about, and to distinguish light from darkness. From the commencement of the ocular protrusion he never complained of pain in his head, nor of any prominent symptom of disease within the orbit. For the last eight months he has not been able to see at all, excepting on some occasion, when he says the eyeballs go back into their proper positions, and he can then see. Such a recession of the eyeballs was, however, never witnessed whilst he was in the hospital. The pupils were not respondent to light. The iris was found adherent to the capsule of the lens. He had a soft suppurating sore on the glans penis, unaccompanied by bubo. There was no discharge from the nose, but the breath was, during the whole time he was in the hospital, very offensively fœtid. Under ophthalmoscopic examination the optic disc was seen to be large and ill-defined in outline, its margin hazy, and the surrounding portion of the retina œdematous, and flat. The central vessels were enlarged. After admission tonic medicines and good food were ordered, and he continued free from any constitutional disturbance till the 27th of February, when two sloughing ulcers were noticed, one on the left leg, and the other on the right thumb, both of which were rapidly extending. On the 3rd March he suddenly had a convulsive fit, in which he was quite insensible, and so remained for about ten minutes. The convulsions affected all the muscles of the body. Subsequent to that fit, it was apparent that his mind had been much affected. His memory had been greatly impaired, and his state became very much that of advanced dementia. On the 4th he told the officer on duty that he could see, and he did count the beds in the wards. On the 6th he had another fit, in which he suddenly died.

RESULT OF THE POST-MORTEM EXAMINATION REPORTED BY DR. MCCONNELL, PROFESSOR OF PATHOLOGY.—On removing the skull-cap, an immense thickening of the duramater was detected, especially of that portion lining the anterior and middle fossæ, and in the former situation, especially where covering the orbital plate of the frontal and upper surface of the ethmoid bones. The membrane here was quite one-sixth of an inch in thickness, very tough, and adherent to the bones. The arachnoid was slightly opaque at the base of the brain over the lateral lobes, and the piamater in that situation, injected. The structure of the brain and nervous centres was normal, with the exception of a slight softening of the posterior part of the under surface of the anterior lobes, and of the optic tracts. A cavity, the size of a pigeon's egg, was found at the base of the skull, occupying the position of the posterior half of the sella turcica, the body of the sphenoid, and part of the basilar portion of the occipital bones. This cavity was bounded superiorly by thickened duramater, which separated it from the contents of the cranium. The posterior aspect of the cavity was smooth; the anterior formed by roughened soft bone, easily breaking down on pressure. A curved probe, passed through this softened tissue, found its way very readily into the left frontal sinus. The frontal sinuses, on being explored, were found filled with gelatinous puriform fluid, of horribly fœtid odour. On passing down a finger into the cavity of the nares, complete disintegration of almost all the bones was felt (the vomer and nasal bones, &c.) The whole of the ethmoid had disappeared, and in its place a soft, darkish grumous pulp filled the hollow thus formed. Communication with the anterior nares seemed to be completely shut off by cohesion of the cartilages of the nose, and a dense firm membrane, continuous with the soft palate and pharynx, seemed to form the capsule of the mass and to prevent communication with the pharynx and the œsophagus. In fact, the disease seemed to have its essential, and perhaps primary seat, in the posterior ethmoidal cells at the base of the skull, spreading thence slightly backwards, but chiefly forwards and upwards, and involving in its course the whole of the ethmoid and nasal bones.