TRAUMATIC DESTRUCTION OF ONE CEREBRAL HEMISPHERE WITHOUT FUNCTIONAL DISTURBANCE.

The eminent Italian surgeon, Porta, brought before the Institute of Lombardy, on the 29th of December, 1872, the case of a man who, in consequence of a severe injury, lost the whole of the right hemisphere of the brain. The unconsciousness lasted a few hours, but when the patient recovered his senses, he recollected being picked up and taken upon a cart to the hospital. He stayed two months and half in the institution, the skull exfoliated, and the wound became fungous, when he claimed his discharge, though affected with paralysis on the left side, which had occurred immediately after the infliction of the injury. He subsequently applied at the clinical wards of Pavia, where Dr. Porta had an opportunity of studying the case. Eighteen months had elapsed since the accident, and twelve months since the closure of the wound. The author minutely describes the integrity of the intellectual functions, the amount of paralysis in the upper and lower limbs, and concludes by dwelling on the three following points:—(1) That the encephalon is a double organ composed of two equal parts, and that, one being destroyed, the other survives without functional disturbance. (2) That in the different spheres of the cerebral, medullary, and nervous systems, special and diverse functions are perfectly isolated and localised, the disturbance of the functions following localised injuries. (3) That, in the present case, electricity diminished the paralysis of the arm, and that the improvement would have been more marked had the treatment been sufficiently prolonged.

The case is confirmatory of the well-known experiments on the lower animals, from whom a whole hemisphere was removed.—*Lancet.*

ACTION OF ALCOHOL ON THE TEMPERATURE OF THE BODY.

Mr. Daub has recently been investigating the effects of non-intoxicating doses of alcohol on the temperature of healthy men, under the supervision of Professor Binz. He points out that determinations of temperature by means of the thermometer in the axilla are not very satisfactory, since in the course of an hour or two spontaneous variations of several tenths of a degree may frequently be observed. Such a method of ascertaining the temperature may be useful enough for all practical purposes for the physician, but the accuracy is not sufficiently great for scientific purposes. For these the temperature of the rectum should always be employed. The best time for taking the temperature is from 3 to 7 o'clock A.M. The quantity of alcohol given varied from 30 to 110 c.c. of a 98 per cent. alcohol, with about double the quantity of water and a little sugar, at about 60°F. In almost all instances a well-marked lowering influence was observed, and in no case was the temperature observed to be raised except in the case of a boy with osteitis about the knee-joint.—*Lancet.*

TREATMENT OF FISSURE OF THE ANUS.—A lecture on this subject, by Dr. Dolbeau, is reported by Dr. Osborne Powell. He observes that each evacuation of the bowels is accompanied by a feeling of something cracking, followed by intense pain; nevertheless, in many instances no fissure can be found, even after the most careful and minute inspection. He consequently regards it as of the nature of neuralgia. It commonly occurs between the ages of eighteen and thirty, and most frequently in women. In the treatment, the first thing to do is to abolish the muscular element. Récamier, whose name is inseparable from the history of this malady, well comprehended that the fissural lesion is an element without importance, and he cured several patients by what he termed *cadenced massage*. Chloroform was then unknown. He had the patient held by some strong assistants, and he introduced first one finger, then another, and so on, until he had passed his whole hand into the rectum; he then closed his fist an drew his hand from the intestine. This was a most rational operation, and the employment of chloroform in the present day permits us to practice it in a much less barbarous manner. Thus, the patient being put under the influence of chloroform, the surgeon introduces his two thumbs into the rectum, and endeavours to bring them in contact with the two ischia; at that moment one hears a strong cracking noise, and the operation is finished. The first stool after the operation is painful, but this pain is simply the result of the region being contused, and does not in the least resemble the pain which characterized the spasmodic attacks. The succeeding stools are without any pain, and the cure is assured. (*Med. Times and Gazette.*

TRACHEOTOMY BY THE GALVANO-CAUTERY.—*La France Médicale* mentions the operation of tracheotomy as successfully performed by the galvano-cautery, on a boy, æt. 13, who had a little pebble in the trachea for upwards of a month. The operation was thus performed by M. Amussat; a strongly curved needle was introduced through the tracheal tissue, comprising part of the windpipe itself; this needle was furnished with a stout double thread of platinum. When the needle had been passed through, the two ends of the thread were joined by being seized in a forceps which was in connection with a galvanic pile, and the section was performed by the heated wire without the loss of any