

of the globes were normal. There was no organic disease of the heart, no symptom of kidney disease (especially no albumen in the urine), nor did the ophthalmoscopic condition remind one of Bright's disease, since the characteristic hæmorrhages and fatty patches, etc., were wanting totally. There was no history of syphilis, injury, or lead-poisoning.

From the symptoms above related I came to the conclusion that, with the greatest probability, I had to deal with a case of tumour of the base of the brain; and hearing afterwards that the patient's father had died from a tumour of the brain, I was the more convinced of the correctness of this diagnosis. I then treated the patient symptomatically; gave her iodide and bromide of potassium and iron, and advised rest for the eyes, some out-door exercise after the sun had gone down. Later on, I applied a weak constant current for some time, and, finally, gave tannate of iron. Under this treatment the general health and the sight improved gradually. The patient had only two more slight attacks of headache, and sight was, at the end of two months' treatment, $\frac{3}{8}$ in both eyes. All the time, however, the ophthalmoscopic condition remained perfectly unchanged, until the beginning of July, when, one day, there appeared a small hæmorrhage in the left eye, and when I then examined the urine there was some albumen in it. I thus was forced to change my diagnosis, at least so far as to allow the co-existence of a kidney-disease and tumour of the brain. That with regard to the kidney-disease I was not mistaken, was proven by the further changes. In the course of a few weeks, the characteristic hæmorrhages and patches appeared in the retina of both eyes, and when I examined the patient last, I found the urine to contain albumen to nearly a third of its volume. Of course, I then gave back the patient to her former physician, as being beyond my area of practice.

The strangest points in this case are certainly the attacks of localized headache, with loss of power over the tongue and numbness of the limbs. Had the kidney disease been farther advanced, and had general œdema been present, these symptoms might have been easily explained by uræmia. As this was, however, not the case, I am yet inclined to believe that we have here to deal with a co-existence of a disease of the brain and of the kidneys; at least, I am at a loss for another explanation.

(To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.)

CEPHALIC LOCK OF TWINS.

DEAR SIR,—I enclose the following rare case, never having seen or heard of a case of the kind, I have taken the liberty to name it myself. I copy from my midwifery case-book almost *verbatim*.

At six a.m., June 17th, 1874, I was sent for in great haste to a Mrs. Brown, living on the rear of lot 66, 1st con. King, on the road leading from Yonge Street to King Station. My brother, Dr. Lewis Langstaff, of Springhill, was in attendance. The patient, a stout woman, in her first confinement, had become delivered of one child, all but the head, which could be distinctly felt above the symphysis pubes, while the head of the second child had descended into the pelvis. I had the patient placed upon her back with the body of the child, already born, held forward over the abdomen, and applied the forceps to the head of the second child, which was easily delivered alive, after which, the head of the first child was brought away. Both children were large for twins.

The above treatment, it appears to me, would be the proper one in all cases of this kind, for the following reasons:—

1st. I had no hesitation on examining the case in adopting the course I did, although the head was not yet pressing forward the perineum.

2nd. There is almost always difficulty in putting anything back that comes down during labour.

3rd. Such a case would never occur, except when there is a large pelvis.

4th. The bony outlet of the pelvis is almost invariably larger than the brim, consequently, what passes the brim will pass the outlet.

5th. The perineum had already been distended.

6th. The labour terminated quickly.

We kept the patient under opium for a time and she did well.

Mr. Editor, I earnestly desire any information from yourself, or readers, on any case like the above, or a reference to where such a case is recorded.

Yours truly,

JAMES LANGSTAFF, M.D.