

removed. For the sake of convenience the results of pelvic inflammation may be tabulated in five groups:

1. Complete resolution and recovery. Such cases are restored to perfect health and are able to bear children.

2. Adhesions about ovaries and tubes which, however, do not affect the general health of the patient, but are frequently associated with sterility.

3. Recovery, with a catarrhal salpingitis and possibly oöphoritis, which, under proper but often prolonged treatment, improve and often get perfectly well.

4. Includes cases of old and obstinate forms of salpingitis, hydrosalpinx, and oöphoritis, who pass from one physician to another, or from one quack to another, and are doomed to permanent invalidism unless relieved by the removal of the diseased organs.

5. The last are principally the victims of grave puerperal infection or gonorrhœa, suffering from pyosalpinx and ovarian abscess, which are certainly threatening their lives, and are only curable by laparotomy.

In concluding this rather lengthy paper I make no claims to originality or thoroughness in treating this important subject. I am well aware that it is merely a fragmentary exposition of the subject presented. Many points that seemed of particular importance to me have been dwelt upon rather in detail, while others, undoubtedly appearing equally or more important to some of you, I have only touched upon. Any omissions in this paper will, without doubt, be supplied in the discussion, which, I hope, will be full and exhaustive.—O. Werder, M.D., in *Am. Lancet*.

NOTE OF A CASE OF TUMOR OF THE BRAIN, THE RESULT OF AN APOPLEXY.

W. M—, aged thirty-three, was admitted into the Carlisle Asylum on Nov. 17th, 1870. He had not been considered well in mind for six years; when a child he had had fits. Though none of his near relatives had been in an asylum, some of them had been very peculiar. Previous to his admission he had been dull and morose, wishing himself dead, and threatening to injure his father.

On admission he was found to have a good memory, to speak coherently, to reply to questions correctly; but he was in a state of very considerable depression, as shown by his appearance, attitude, manner, conduct, and remarks. A careful note was made of his bodily condition, but I need merely quote that he was a dark-complexioned man of 5 ft. 11 in. in height, and 167 lbs. in weight. His temperature and pulse were both slightly above normal, but no disease was detected

in his various organs. For some time he was returned as being dull and taciturn, seldom conversing with others and always very peculiar in his conduct and habits, never wishing to leave the place, and on the whole industrious and in good health. For nine years he continued in this state, but in October, 1879, he complained of rheumatic pains for a short time. Only once or twice during this period did he show real signs of being dangerous to others, on one occasion attacking a fellow-patient with a spade. Both attendants and fellow-patients thoroughly recognized that he was not a man to be trifled with, so that for the most part he got his own way, and therefore behaved quietly. In October, 1886, after sixteen years' residence, physical examination showed no indications of disease, except that the respiratory murmur over the right apex was harsher than over the left. His heart was carefully examined, and nothing abnormal was detected about it. In January, 1891, he did not look quite so well as usual, and was therefore allowed one pint of porter daily, but at this time he was 17 lbs. heavier than when he came in. On July 3rd he had a paralytic seizure, with slight loss of power on his right side. He complained of a feeling of giddiness, but there was no change in his mental condition, and he spoke as usual. On July 12th he had a fit, after which the paralysis increased. His right arm remained powerless but his leg shortly regained power. During August the patient improved, regained a certain amount of power in his right arm, and more in his leg. In the first half of September he deteriorated, his arm and leg dwindling considerably, and he was reported to have had several slight fits at night. On Sept. 15th a pustular eruption like a half oval in shape appeared over the lower part of the abdomen. He became suddenly comatose on Sept. 30th, and continued so till his death on Oct. 3rd, 1891—three months exactly after the date of his first attack. I thought his first seizure due to an apoplexy in the left hemisphere, in the region of the centres controlling the arm and leg. I considered that the slight fits which were from time to time reported as affecting him at night (though I never was fortunate enough to see him in one) were caused merely by the cerebral irritation consequent on altering blood-clot; and I thought the final attack with complete coma was due to a further and more extensive hæmorrhage, probably in the same locality as the first. In considering the patient's case the question of brain tumor was discussed; but I decidedly favored the diagnosis of apoplexy from the suddenness of the initial seizure, the partial recoveries of power which took place in the implicated members, the absence of the train of mental phenomena usually witnessed with growing tumors, and the character of the final and fatal seizure.