

profound coma, with stertorous breathing and widely dilated pupils; there was marked rigidity and flexion of both arms, with clonic spasms; the legs were also affected, but to a less extent; he remained in this condition for about four hours, gradually becoming more and more cyanosed, and died asphyxiated.

Necropsy.—On examination of the heart, a number of warty vegetations were found at the free edge of the cusps of the mitral valve: the other valves were healthy. The spleen was enormously enlarged, weighing $21\frac{1}{2}$ ounces; on section it exhibited a number of recent infarcts. The kidneys also showed several infarcts, but of an older date. On examining the brain, an enormous recent blood clot, which on removal was found to weigh 2 ounces, was found occupying the right supramarginal convolution, but did not communicate with the lateral ventricle. The exact source of the hæmorrhage could not be discovered.

REMARKS.—In this case, there can be little doubt that a small clot of fibrin was carried from the diseased mitral valve to one of the vessels of the brain, blocking it so that the vessel gave way behind the block, fatal hæmorrhage following.

CASE 2.—L. W. aged $6\frac{1}{2}$, was admitted into the infirmary on March 20th, and died on March 28th, 1889. Her illness commenced about three weeks before, with headache, vomiting, weakness of the legs and arms, and an increasing disinclination to move about. On admission it was observed that she had decided ptosis of the right eyelid, with paresis of the muscles of the left side of the face. There was loss of power, and some rigidity in the left arm and both of the legs, the left more than the right; she was unable to stand without some support. Pupils were equal, and reacted to light. She was quite sensible and complained of severe frontal and vertical headache. After admission all the symptoms increased in severity. The paralysis grew more marked, and she became more drowsy, and vomited at intervals. The ophthalmoscope showed well marked double optic neuritis. The temperature rose a few hours before death to 108° .

Necropsy.—On examining the brain, the pons were seen to be much enlarged, especially on the right side. Occupying the posterior half of

the interpeduncular space, covering the posterior perforated space, was a quantity of flocculent lymph and gelatinous material resembling blood clot. On washing this away a small vein, about the size of a No. 1 English catheter, was found completely blocked by a dark clot. At the inner margin of the right crus a blood clot, about the size of a large cherry, which had pushed the crus somewhat outwards and had partly eroded its substance, was found. On further examination, this clot was seen to be continuous with a larger clot which occupied the greater part of the substance of the right half of the pons. No disease of the bones of the skull or of any other part of the body was discovered.

REMARKS.—In this case the cause of the hæmorrhage is very obscure. The history points to its having been a slow oozing of blood into the tissues of the brain rather than a sudden effusion. A vein was found plugged for a considerable distance; it was thought the walls of the vessel might have given way behind the plug.
—*Brit. Med. Jour.*

THE OBSTETRIC USES OF CREOLIN. The *Medical Press* refers to creolin as about the best disinfectant in midwifery. It is not an irritant to the vaginal mucous membrane, like carbolic-acid sublimate solutions. It does not irritate wounds or abrasions, and will not retard healing. Under the use of creolin mucous membranes become softer and smoother than before its use. Its odor is not disagreeable, especially when brought into comparison with carbolic-acid or iodoform. If by accident it is taken internally it is said to be bland and harmless. It does not corrode instruments, but, mixed with water, it forms a nontranslucent emulsion, so that instruments may be lost sight of, if not sought for with care. The cost of creolin is not high, being less than that of carbolic-acid. The writer recommends Pearson's creolin as being less variable than some others. The uncertainty of its composition has been the chief objectionable feature of creolin.

THE CARBOLIC-ACID TREATMENT OF HÆMORRHOIDS.—Dr. Andrews, of Chicago, was one of the first to study the subject of the carbolic-acid treatment of hæmorrhoids, and he has been reverting to it from time to time during the past