male urethra which is so becoming to the surgeon contemplating any interference, however slight, with that canal.

Since Professor Bigelow's demonstration, many cases of lithotritry performed upon his principle, although I believe not with his instruments, have been put on record. Sir Henry Thompson has published thirteen cases, Mr. Cadge five, and other surgeons have published single ones. As a further contribution I beg to offer a sketch of three cases which I have lately operated upon while in charge of Sir Henry Thompson's practice during his recent holiday. In all three instances his lithotrites were used, and the bladder washed out through a No. 16 (English) evacuating silver tube, with his india-rubber aspirator described in THE LANCET for Feb. 1st, 1879. I have followed Sir Henry's advice, and have avoided irritating the bladder by a prolonged search for the last fragment. In each case within a week of the operation the bladder was carefully explored to make sure no particle of stone remained; in the first case only a small piece was found and removed. On each occasion ether was administered by Mr. Clover.

CASE 1.—R. H—, aged sixty-nine, was seen with Dr. Dobell on Sept. 18th. For eight years he had had pain and trouble in micturition. Three months before he had learned to pass a catheter night and morning. He complained of a "queer sensation along the penis" after passing a catheter. He stated that he was worse if he moved about, and that the pain along his penis was constant. He was sounded, and stone discovered.

On Sept. 20th lithotritry was performed, and the stone proved to be multiple uric acid. One hundred and twenty grains were removed in less than fifteen minutes. On Sept. 24th he was examined under ether; a small fragment detected and removed. Two days later he was free from pain. He could hold his water two hours and a half, and said he felt much relieved. On Oct. 3rd he went home. Three weeks after he complained of a little pain; a lithotrite was introduced, and forty grains of phosphatic matter removed. On Nov. 7th his son wrote—"Water much improved; he is easy from pain."

CASE 2.—C. W—, aged sixty-three. I saw the case with Dr. Palfrey. He had long passed a catheter twice daily. He now made water every hour, day and night. Had much pain at the end of micturition. Moving about gave much suffering. He had not passed his catheter for a week on account of the pain. He was sounded, and a considerable-sized phosphatic stone discovered.

On Oct. 8th the stone was crushed, and 160 grains removed in twelve minutes. Next day he held his urine two hours, but had some soreness. The urine was free from deposit. The temperature was normal.

On Oct. 15th he was put under ether, examined fully, and nothing found. He rapidly improved, and on the night of Oct. 19th only rose once to pass water. In the daytime held his water two to four hours. No pain at all in micturition or on moving about. On the 20th went home, and has since remained perfectly well.

CASE 3.—C. T—, aged sixty-six, seen with Dr. R. T. Smith, of Haverstock-hill, on Oct. 7th. Sir Henry Thompson had, on Aug. 14th, found a rough, hard, medium-sized stone. The patient's sufferings had increased, and at length became almost unbearable. Micturition was frequent, and the urine was loaded with mucus.

On Oct. 10th I performed lithotritry, and removed in ten minutes 154 grains of mixed urates and phosphates. Improvement was immediate, so that next day he was able to hold his water four hours.

On Oct. 12th there was some irritability of the bladder, and the urine contained mucus. A catheter was passed, and the bladder washed out. Two hours after he had a rigor, followed by no ill effects. He rapidly recovered, and on Oct. 24th a careful sounding failed to detect anything. The patient has since continued perfectly well; he has no pain, and his urine is quite free from deposit.

TESTIMONIAL TO DR. ANDREWS, OF BELFAST.—A committee has been appointed to receive subscriptions for the purpose of commemorating the retirement of this gentleman from the Vice-Presidency of the Queen's College, Belfast, by a bust or portrait to be placed in the College, and a prize or scholarship to be founded in the same institution in connexion with chemical science. Dr. Andrews is a chemist of world-wide fame; and four years since acted as President of the British Association at the meeting of that body in Belfast.

ON TRANSITORY ANÆSTHESIA AFTER UNILATERAL CONVULSIONS, WITH OBSERVATION ON PERCUSSION OF THE SKULL.

BY ALEXANDER ROBERTSON, M.D., F.F.P.S.G.,

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LECTURER ON MENTAL DISEASES IN THE GLASGOW ROYAL INFIRMARY SCHOOL OF MEDICINE, ETC.

It is well known that an ephemeral loss of power in the arm and leg of one side may immediately follow an attack of convulsions which has been confined to, or, at all events, has chiefly affected, that side. It does not, however, appear to have attracted attention that a brief impairment or loss of sensibility in the same members may be, and probably generally is, associated with this form of palsy. The following case, lately in this hospital, illustrates their co-existence.

J. N—, age thirty-nine, engineer, of average intelligence, has been epileptic for upwards of seven years, and the fits have occurred about once in four or five weeks; the longest interval between them, previous to the last seizure, about five months since, having been six weeks. They have always begun on the right side, generally in the hand, but sometimes in the foot. Though beginning in this way, they have often ultimately involved the whole body, and such seizures are accompanied by unconsciousness; but some are confined to the right arm or leg, with retention of consciousness (Jacksonian epilepsy). There is always an interval of a minute or two before the convulsions become general. Patient feels acute pain in the arm and leg when they are convulsed.

I happened to enter the ward at the close of the convulsive stage of the last fit, which was one of the more severe kind. His mind had become quite clear within five minutes after my entry. I then proceeded to test the motor and sensory power in the right extremities, which, as in previous seizures, had been much more convulsed than those on the left side. The following were the results:—1. Motor power: Ten minutes after the fit ceased, no pressure was felt by me when he tried to squeeze my fingers with his right hand, though he grasped them moderately firmly with the left one. At twenty minutes (tested by Duchenne's dynamometer) pressure exerted by right hand 2 lb., by left one 35 lb.; at fifty-five minutes, right hand 26 lb., left 37 lb.; at two hours, right hand 54 lb., left 51 lb. Patient is right-handed. At twenty minutes he could scarcely raise right leg from the bed, but afterwards power was recovered *pari passu* with the arm. 2. Sensation: At ten minutes after the fit he scarcely felt sharp pinching in the right hand or foot, though sensibility was not appreciably diminished in the left ones; at twenty minutes (tested by æsthesiometer) the two points of the instrument were felt as one at eight inches, both on the front and back of the right hand and wrist, whereas they were felt as two at an inch and a quarter on the palm, and at three inches on the back of the left hand; at an hour both points were recognised on the front of the middle finger of the right hand at one inch, and on the corresponding finger of the left hand at three-quarters of an inch; sensation being thus all but restored in the affected hand.

In this case the character and course of the convulsive action point to the motor region of the surface of the brain on the left side as the probable seat of lesion. And this probability is strongly corroborated by the fact that on tapping the head somewhat firmly, with the finger used as a pleximeter, no pain was felt anywhere except on the left side in an area about two inches in diameter, the centre of which is about two and a half inches above the highest part of the left ear.¹ The patient was not aware of any disagreeable sensation in that part of the head till the skull was percussed. This observation was made four days after the fit, and, acting on this distinct indication of local disease, a succession of cantharides blisters was ordered to the region of pain; and at the present time nine have been applied. Along with the first of these local applications, a change was made in the constitutional treatment. Previously he had been getting iodide of potassium in eight-grain doses, thrice daily, for weeks together, alternating with fifteen-grain doses of the bromide of potassium

¹ The patient was shown, and this point demonstrated, at a meeting of the Glasgow Pathological and Clinical Society.

thrice daily; and sometimes the two medicines were combined; but there was no abatement of the disease. Thereafter the iodide was given in thirty-grain doses twice daily, along with thirty grains of the bromide at bedtime only; and both have been continued in these doses since that time. There has been no symptom of either bromism or iodism. The result has so far been gratifying, seeing so long an interval has elapsed since the last fit. Not improbably, the disease in this case may be syphilitic in its nature, though there is no clear evidence of constitutional syphilis.

Glasgow.

A CASE OF CALCULUS OF THE CÆCAL APPENDIX, WITH REMARKS.

By W. MAUNSELL COLLINS, M.D.

A YOUNG gentleman, about eleven years of age, previously in good health, was suddenly attacked with vomiting, pain in the abdomen, high fever, and constipation. It was at first thought to be an ordinary "bilious" attack, but the pain and vomiting increased, with abdominal distension and soreness on pressure over the right iliac region; the pulse became rapid and feeble; the tongue dry and furred; general peritonitis supervened, and the boy died on the third day.

In consideration of the obscurity of the case and the rapidity and severity of the symptoms, the parents were induced to allow a necropsy to be made. There was extensive peritonitis, the intestines being everywhere agglutinated together. Over the right iliac region the abdominal parietes were much thickened, and the fasciæ and cellular tissue presented here a semi-gangrenous appearance, which was continuous with the parietal layer of the peritoneum. On removing the intestines the cæcum was found greatly congested and thickened, and the cellular tissue around in a state of suppuration, but it contained no accumulation within it, which I rather expected to find. The portion from which the appendix was given off was in a semi-gangrenous state, and the appendix itself was quite sloughing and rotten, and, on pressing it between my fingers, a hard substance fell out from the free end, which was ulcerated through. This substance was hard, smooth, slightly oval, and resembled a small plum or cherry-stone, and, as the boy was known to have been eating cherries previous to his illness, it was at first thought it might be a fruit-stone which had lodged in the appendix and given rise to the peritonitis from which he died.

Subsequently I mentioned the case to Sir William Jenner, and he told me that he had met with several cases of perforation of the appendix from so-called cherry or date stones, but that he believed they were not fruit stones at all, but calculi or concretions which were formed by small particles of faecal matter finding their way into the appendix, and becoming impacted and hardened in the free end; that from time to time particles pass in this way and become deposited on each other, and a sort of calculus is thus formed which increases in size, till at last it sets up irritation and ulcerates through. Sir William Jenner (who has kindly permitted me to use his explanation) considers that the formation of these calculi is due to a malposition of the appendix, where, instead of being directed upwards and inwards, as it is normally, it is, owing to its length and the attachment of its mesentery, bent at an angle whereby particles of excreta can more easily slip into it, and, having passed in, are prevented returning. We made a section of the substance I had taken from the boy's bowel, and found it composed of concentric layers, and the centre softer than the outer surface, containing apparently a nucleus of faecal matter, and leaving no doubt that it was one of these calculi.

Dr. Wilks in his "Pathological Anatomy," refers to the formation of these calculi in the appendix cæci, and states that they are formed by a morbid secretion from the glands of the mucous membrane lining its cavity combined with phosphate of lime; that they have a disposition to ulcerate their way through, and thus give rise to peritonitis. Dr. Wilks states that he has never found a fruit stone lodged

in the appendix, though he has found smaller substances, such as a grain of shot and a pin; and believes that the stories of the cherry- or date-stones being found in the appendix are mere fables, and that they are nothing but these calculi. The formation of these calculi appears therefore to be due to a malposition of the appendix, as Sir William Jenner explains, or to some morbid process within its cavity. The appendix being closed at one end, and containing glands which, like the solitary intestinal, are known to become ulcerated in typhoid fever, must be liable to morbid secretions, which being retained and confined within its cavity, may form into concretions, and these, acting like foreign bodies, set up irritation and ulcerate through, causing peritonitis and death. It is probable that many of the cases of cæcitis which recover are due primarily to some irritation or mischief in the appendix, which appears to be more prone to morbid changes than the cæcum is, as in most of the cases which prove fatal the appendix is found to be affected rather than the cæcum itself.

Grosvenor-street, W.

CEREBRAL TUMOUR, PRODUCING MENTAL SYMPTOMS.

By ERNEST FIELD, M.B.,

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THE following case is of interest, from the fact that the only prominent symptoms at the commencement of the patient's illness were of a psychological nature.

G. S.—, aged forty-nine, was admitted into St. Luke's Hospital for Lunatics on October 13th, 1874. No better description can be given of his mental condition at this time than by reproducing the facts indicated in his medical certificate as showing him to be of unsound mind. They were as follows:—

"Incoherent; imagines he is not in his own house; thinks he has been working hard when he has done nothing of the kind; believes he is some other person; gets out of bed, and says he wants to go home; does not get up usually unless pressed to do so; says people are in the room, and others have visited him whom he has not seen; fancies he is leading a gipsy life; loss of memory; semi-comatose." These symptoms had been present for several weeks before his admission.

With regard to bodily condition, he complained of slight headache, and appeared somewhat weak; the left leg seemed a little wasted when compared with the right, but the man could walk very fairly. Beyond this there was nothing very noticeable about him. A suspicion was at first entertained that his might turn out to be a case of general paralysis, but this idea was given up some time before his death.

Gradually he lost power in his left side and became hemiplegic; lay in bed for days in a lethargic condition, with no pains, and expressing himself as quite comfortable. His mental condition remained much as before; it certainly was no worse. From time to time he would become quite insensible, breathe stertorously, and be to all appearance in a dying state; some hours afterwards, however, he would rouse up and take food. Finally, on Nov. 23rd he had one of these attacks, but on this occasion attended with squinting and unequal pupils; and after a few hours he died.

Necropsy.—A cancerous tumour of the size of a pigeon's egg was found on the right side at the base of the brain, close behind the fissure of Sylvius, pressing extensively on all the parts around, and causing commencing absorption of the petrous portion of the temporal bone.

It will be noticed that during the progress of this case there was no sickness, and but slight pain in the head; also there was no meningitis on the left side nor effusion into the ventricles, thus negating the statement made by Professor Niemeyer in his text-book, that mental symptoms are absent in cases of cerebral tumour, unless one of these conditions is present or the tumour is bilateral.

The importance of systematic examination of the brain in persons dying "insane" is obvious, as well as the necessity for careful investigation before a patient is relegated to a lunatic asylum simply because his mental condition is becoming disturbed; for otherwise, as in the present instance,