lecture he will find that his censure of British surgeons is both premature and unfounded. He will see that his operation has been treated with attention, liberality, and, I trust, with candour. He will see also that its merits have been tested, not by forty only, but by sixty-one examples.

The following table gives the particulars of the sixty-one cases here alluded to:—

PIROGOFF'S OPERATION.

No.	SURGEONS. <i>British.</i>	Date.	Disease.	Sex.	Age	Life	Results. Use of Limb.
1	Ure	1855	...	...	...	D.	Diseased brain
2	Busk	1857	...	M.	...	...	" "
3	"	1857	...	M.	...	...	" "
4	"	1857	...	M.	...	...	" "
5	Tudor	1858	Caries	M.	...	D.	Exhaustion
6	"	1858	...	M.	...	...	Good
7	Pirrie	1857	...	...	...	...	" "
8	Croft	1858	Caries	M.	...	...	Pyæmia
9	Partridge	1858	"	M.	5	...	"
10	"	...	...	...	...	...	"
11	Sir W. Fergusson	1858	Caries	M.	19	...	Doubtful
12	"	1858	"	M.	17	...	Good, 3 months
13	"	1863	"	...	...	...	Good
14	"	1864	Railly accident	M.	20	...	"
15	"	1864	"	M.	20	...	"
16	Marsh, Northampton	1858	Gunshot	F.	29	...	"
17	M'Ghee, Glasgow	1858	Caries	...	...	...	"
18	Williamson, Chatham	1858	...	M.	...	...	"
19	Cusack, Dublin	...	...	...	...	...	Amputated
20	Little, Dublin	...	...	...	...	...	"
21	Maunders	...	Accident	...	...	...	Good, 6 months
22	W. Adams	1859	Caries	...	...	...	Good
23	Watson, Glasgow	1859	Accident	M.	14	...	Good, 3 months
24	"	1859	"	M.	33	...	"
25	"	1859	"	M.	28	...	Good
26	"	1859	"	...	...	...	"
27	Curling	1859	Diseased ankle	...	...	...	"
28	Bryant	1860	Caries	...	...	...	Good, 3 months
29	Ashdown, Northampton	1860	Accident	F.	42	...	Good
30	Cadge, Norwich	1860	Caries	...	...	...	"
31	"	1860	"	...	...	...	"
32	Lowe, Lynn	1860	"	M.	12	...	Amputated
33	"	1861	"	F.	17	...	Good, 10 months
34	Lambert, Birkenhead	1860	"	M.	20	...	Good
35	"	1864	Railly accident	M.	18	...	"
36	Gay	1861	Caries	...	...	...	"
37	"	1862	"	...	...	...	"
38	Humphry, Cambridge	1861	"	M.	39	...	"
39	"	1865	Accident	M.	6	...	"
40	J. P. Lansdown, Bristol	1861	Caries	M.	22	...	Amputated
41	Gore, Bath	1862	"	F.	30	...	Good
42	Paget	1862	"	...	...	...	"
43	"	1862	"	...	...	...	"
44	Simon	1862	"	...	...	...	"
45	"	1864	Caries	...	...	...	"
46	Edwards, Edinburgh	1863	"	F.	30	...	"
47	H. Smith	1863	"	M.	...	...	"
48	Simpson, Lincoln	1863	"	M.	...	...	"
49	Canton	1864	"	...	...	...	"
50	H. Coote	...	Accident	...	...	D.	From injuries
51	Hewson	1864	"	M.	10	...	Good
52	"	1864	"	M.	48	...	"
53	Meade, Bradford	...	"	...	...	...	"
54	Page, Cambridge	...	Accident	...	...	D.	4 days
55	Shepherd, Worcester	1864	Railly accident	M.	22	...	Amputated
56	Wheelhouse, Leeds	1864	Accident	M.	...	...	Good
57	Folker, Hanley	1865	"	M.	21	...	"
58	Jackson, Darlington	1865	"	M.	45	D.	"
59	Walsh, Worcester	1865	"	M.	16	...	Good, 7 weeks
60	Buchanan, Glasgow	1865	"	M.	28	...	Good
61	H. Budd, Worcester	...	"	...	...	...	"
	Barber, Sheffield	1866	"	M.	...	...	Good
<i>Foreign.</i>							
	Pirogoff	...	Nearly 100 cases	...	...	...	Good
	Masch	1860	Gunshot	M.	29	...	"
	Carnaz	1861	Accident	M.	29	...	"
	Neudörfer, Italian war	...	3 cases	...	...	...	"
	Eve, Nashville, U.S.	1863	Gunshot	M.	25	...	Amp. 5 months
	Holloway, Louisville, U.S.	1863	"	M.	...	...	Not good
	"	1864	"	M.	...	...	"
	Gilmore, Mississippi	1864	"	M.	...	D.	"
	American War Reports	1865	9 cases	...	...	...	{ 1 good, 8 not
	Weber, Germany	...	40 cases	...	...	...	stated
	Kestnor, Strasburg	...	16 cases	...	...	...	"

THE RIVER LEA.—At a meeting of the Metropolitan Board of Works held on Tuesday, Mr. J. W. Bazalgette said that a great improvement would be made in the river Lea by diverting the Neck-lane branch of the Eastern Counties Railway sewer, and the overflow of the Lime-kilns Dock sewer into the low level sewer, and by a temporary pumping station raising the sewage at Abbey Mills into the northern outfall sewers. These alterations might be accomplished in about three weeks. He was authorized to carry this alteration into effect immediately. Mr. Bazalgette said that £250 a week was already spent in deodorization. A supply of water from the river Thames has been let into the river Lea, and a great improvement effected.

APHASIA ASSOCIATED WITH RIGHT HEMIPLEGIA.

By EDWARD LONG FOX, M.D.,
PHYSICIAN TO THE BRISTOL ROYAL INFIRMARY.

THE following cases may add to the collected experience on loss of speech.

Mary M—, aged thirteen, was in her usual health at the beginning of May. She was sent by her mother to a shop, and on her way fell down insensible. She was found to be hemiplegic on the right side, and to have lost all articulate speech.

On admission into the Bristol Royal Infirmary, June 5th, 1866, the right hemiplegia was almost complete. She could not lift the right arm at all, nor flex the fingers; and she could scarcely stand. She could not walk at all. Slight facial paralysis of right side. No paralysis of tongue. Organs of special sense unaffected. Pupils natural. Sensation good everywhere. There was no loss of the general faculty of speech, as she could express herself fairly well by signs, and nodded or shook the head rightly. She evidently understood all that was said to her, and the expression of the face was very bright. But she could not pronounce anything except "ta" and "to," and had lost all power of saying another syllable. She had never suffered from rheumatism; had no valvular disease of the heart; and was a pale, cachectic-looking child.

June 30th.—She had so far recovered as to be able to walk about and to move the arm well, but she could not clasp with the fingers. She had learned several words, as "yes," "no," "tea," "bun," &c. She seemed very bright, and read to herself with evident pleasure.

Two or three days after this her mother secretly brought her in some cheese and port wine. She became intoxicated, fell into a succession of convulsive attacks, and sank during the night.

We were only able to examine the head:—Much black discoloration along the fissure of Sylvius on the left side. Beneath this region was an old clot, partially discoloured, with creamy brain-tissue all round it, the softening extending slightly into the anterior lobe, but mostly into the middle lobe, and implicating the corpus striatum, except the upper layer of it. This clot was evidently the result of a ruptured left middle cerebral artery. Just at the commencement of the fissure of Sylvius the artery was enlarged to the size of a small haricot bean, and this enlarged portion had given way. No plug was found in any of the vessels. The posterior portion of the third left frontal convolution was discoloured for about one-fifth of an inch in depth, and sensibly softened over a space the size of a small walnut. The immediate cause of death was the rupture of a vessel in the left lateral ventricle, on the upper and outer side of it, just above the corpus striatum. The whole of this ventricle was full of clot, which filled all the cornua, and had found its way to a small extent into the right lateral ventricle. The rest of the brain was healthy. Considering the amount of lesion in the corpus striatum, it seems extraordinary that she should have recovered the use of the limbs so well.

I add the following cases of a similar nature:—

Wm. D—, aged forty-seven; a great drunkard. Right hemiplegia, with total loss of speech, except that he utters the words "yes," "no," "pooh," "Lord-a-mercy." These he uses indifferently to express everything; and when he is in a passion he will ejaculate "Lord-a-mercy," evidently with the idea that he is using an oath. He can to some extent express himself by signs; as when he can escape from his wife's surveillance he is able to get spirits from a public-house, and pay for them without any assistance. He can write his own name, and understand all that goes on. He has been quite three years in this state; and although the hemiplegia is much diminished, the loss of speech is the same.

John S—, aged thirty-five. At ten years old he had right hemiplegia, and loss of speech for three months. For six months afterwards he had to learn to speak like a little child. He has now contractions of the right wrist.

Although both these cases are still living, it is probable that they have suffered from a similar lesion to that which caused the symptoms in the first patient, especially when we view the symptoms in connexion with the case quoted by S. Van der Kolk (New Syd. Soc., vol. iv., p. 165, note). "In consequence of a wound, a long splinter from the os frontis above the left eye compressed the anterior part of the left hemisphere, subsequently causing loss of speech; which faculty was completely regained after the removal of the fragment by the trepan."

Some very striking cases, mentioned by Abercrombie and Andral, show at least the connexion between the symptoms of loss of speech and lesion of some portion of the left frontal convolutions.

No one can study Broca's views, nor the very excellent papers which Dr. Hughlings Jackson has written on this subject, without acknowledging that there is considerable evidence in favour of the seat of the faculty of articulate speech being located in the posterior portion of the third left frontal convolution. Dr. Jackson's papers are written with so much scientific accuracy, and with so much candour and fairness, that they are models of the result of medical observation; and in a late paper he modifies his adhesion to Broca's views. But, as far as the subject has been investigated at present, I think it has only been proved that this portion of the brain is one of the seats of this faculty, and not the only seat.

In confirmation of this view I would mention—

1. S. Van der Kolk's case. (New Syd. Soc., vol. xi.) Right hemiplegia. Partial imbecility. She had learned to speak, and made known her wants in broken language. Atrophy of left hemisphere of brain and atrophy of right side of body.

2. Abercrombie on the Brain. (Case 37.) Right side convulsed and then paralysed. No loss of speech. Two defined abscesses, containing six or eight ounces of pus, one behind the other, in anterior part of left hemisphere, near the surface. A small abscess in posterior portion of right hemisphere. One would imagine that these two large abscesses must have implicated more or less all the convolutions of this anterior part of the brain.

3. Andral. (Clin. Med., vol. v., p. 392.) No paralysis. No loss of speech. Softening of base of anterior part of left hemisphere over a space the size of a hen's egg.

4. Andral. (p. 66.) Child, aged two. Permanent contraction of limbs, especially of right forearm. Intellect good. Speech good. The pathological appearances are thus described: "On trouva le lobe antérieur de l'hémisphère gauche comme déprimé par un sillon que remplissait une infiltration séreuse de la pie-mère. Les circonvolutions étaient refoulées en dedans, rapetissées, durcies et jaunâtres: le septum lucidum n'existait point."

5. Mary Ann C., aged seventy-one. (Case of my own.) Left hemiplegia. Speech not lost, but no words could be understood. She sank in the course of two months. Clot in middle of right hemisphere. Arteries of brain atheromatous. An exostosis, the size of a nut, from inner table of left parietal bone.

6. Quoted by Abercrombie. (Appendix, Case 32.) Woman, aged seventy-seven. Left hemiplegia. Loss of speech. Large cancerous mass in right hemisphere.

7. Quoted by Abercrombie. (Appendix, Case 35.) Boy, aged thirteen. Left hemiplegia. Loss of speech and of memory. Tubercle, the size of an egg, and five or six smaller masses in the substance of the right hemisphere. Pus between arachnoid and pia mater. Turbid fluid in ventricles.

8. Andral. (p. 316.) Right hemiplegia. Loss of speech. Clot in posterior lobule of left hemisphere. With reference to this case, Andral says: "If, then, a former observation, in which we have also seen loss of speech, seems to confirm the opinion which places this faculty in the anterior lobules of the hemispheres, this observation completely nullifies that opinion."

9. Andral. (p. 322.) Woman, aged fifty-five. Right hemiplegia. Loss of voice and of speech. Extravasation in middle of left hemisphere, and softening for the space of two or three lines round it.

10. Perhaps this case, quoted by Abercrombie, (Appendix, Case 23,) should be added. Man, aged twenty-six. Severe and increasing headache. Impaired vision and dilated pupil. Paroxysms of giddiness, with blindness, loss of speech, stiffness of the limbs during the paroxysms; then double vision, violent pain in the neck, with convulsive paroxysms affecting the muscles of the neck, and drawing the head violently backwards. Two months after this he had numbness and spasmodic motions of the superior extremities. After seven or eight months he died suddenly in a fit resembling epilepsy. A hard tumour, two inches long and an inch and a half broad, was firmly attached to the tentorium, and imbedded in the posterior lobe of the left hemisphere. It contained an ounce of greenish pus, and the cerebral substance near it was softened.

11. Andral. (p. 454.) Woman, aged eighty. Loss of speech. Intellect clear. No motor paralysis. A softening, the size of a large pea, just outside the posterior extremity of left corpus striatum. A softening of similar size exactly in the middle of right hemisphere.

On our present question Andral made the following remarks more than thirty years ago:—

"Professor Bouillard published some years ago a memoir filled with curious facts, from which he thought himself able to draw the conclusion that the formation of speech has as its instrument the anterior extremity of each hemisphere, inasmuch as he found lesion of that part whenever during life speech had been lost. But mark what our researches have shown us with reference to this question. In thirty-seven cases observed by myself, or by others, in relation to hæmorrhages and other lesions, in which the alteration was situated in one or both of the anterior lobules, speech was abolished in twenty-one cases and preserved in sixteen. On the other hand, we have collected fourteen cases in which speech was abolished without any alteration of the anterior lobules. Of these fourteen cases seven were connected with disease of the middle lobes, and seven others with disease of the posterior lobes. Loss of speech is not then the necessary result of lesion of the anterior lobes; and besides, it may take place in cases where anatomy shows us no alteration in these lobes. We will add that M. Lallemand has cited a case in which no other alteration was found than softening of the white substance of the left lobe of the cerebellum: in this case the faculty of speech was completely lost. You will read also in M. Ollivier's work on the Spinal Cord an observation of an individual in whom one of the chief phenomena was the loss of speech, at first incomplete, and then total: in this case the meso-cephale was found softened at its interior surface to an extent equal at least to a filbert."

I have thought that these cases might help in the investigation of a very interesting subject.

Bristol, August, 1866.

ON THE USE

OF A

NEW INSTRUMENT FOR THE CURE OF STRICTURE OF THE URETHRA.

By CHARLES OWEN ASPRAY, M.D., M.R.C.S., &c.

As regards safety in the cure of stricture of the urethra, the old system of gradual dilatation stands first; in fact, with it there is no danger if proper care be taken; it is, however, a tedious process, taking weeks, months, or it may be years. The want felt of a quicker and perhaps more curative method has brought into being many dilators, most of which, although they act at once and with some precision, are yet attended with a considerable amount of danger and uncertainty in their use. Some of these instruments have great power, but simply burst open the stricture, the rupture generally occurring on the side which is most healthy, the fibrous tissue of the stricture being stronger than the healthy structures. Others are of no use simply from a want of power.

The instrument which I wish to bring under the notice of the profession will, I think, combine the safety of the gradual method with the quickness of action and speedy cure of the rapid dilatation principle. I believe also it has some great advantages over instruments used of late for this purpose—viz.: 1st. As soon as No. 1 is passed, dilatation can be commenced without withdrawing the instrument, which is often replaced with great difficulty. 2nd. The extent of the dilatation at one sitting is left to the discretion of the operator, and a bougie the size of the dilator used can be passed into the bladder without withdrawing the first instrument, which may then be removed. 3rd. The power is sufficient to dilate any stricture, and can be used without the abrasion produced by the sliding tubes advised by many operators.

The instrument, kindly manufactured for me by Messrs. Mayer and Co., of Great Portland-street, from my own model and drawings, is composed of a No. 1 catheter (A), having a little cross-bar (B), which serves as the handle, and can be removed when a screw is loosened. When this handle is withdrawn, the dilator (C), having the conical screw (D) at the end, can be passed over the catheter, and worked by the handle (E). The dilator may be the size of No. 6, 10, or 12, and has a thin metallic cover reaching from the handle (E) to the screw (D), working smoothly over the tube beneath. This is for the purpose of steadying the penis while the screw works in the stric-