

but the natural accompaniment of the progressive cerebral lesions.

5. *The aphasia.*—This was normal in the order of its development. It will have been noticed above that the white matter sublying the left special speech centres had been completely destroyed. During the last few years of life voluntary intelligent speech was absent; involuntary and automatic utterances, however, continued until a few days before death—long, that is, after the left speech centres, and in fact almost the whole of the left hemisphere, had ceased to exist. The loss of the left speech centre therefore produced verbal amnesia, and almost effected the total loss of the motor speech processes; these last, however, were taken on to a certain extent by the right hemisphere, whose cortex also achieved (as Hughlings-Jackson says it always does equally with the left) the few simple automatic and imitative (reflex) utterances forthcoming until the onset of the præmortal coma.

6. *The excess of atrophy of the left over that of the right hemisphere.*—This cannot easily be explained. Both ventricles, as already stated, were much dilated; on the right side, however, white matter persisted, though thinned, and seemed to have been capable of conduction to a certain extent until the final stage set in.

7. *The unsteadiness in gait* noticed early in the case doubtless resulted from the pressure of the cyst in the fourth ventricle upon the middle lobe of the cerebellum. Vertigo and reeling gait were also prominent symptoms in the above mentioned case of villous tumour in this site.

8. *Dilatation of the pupils* was also a condition common to both these cases.

Powick.

SIMULTANEOUS LIGATURE OF RIGHT CAROTID AND SUBCLAVIAN ARTERIES FOR ANEURYSM OF ASCENDING PORTION OF ARCH OF AORTA.

REPORTED BY J. A. KELLY, L.M.S.,
RESIDENT MEDICAL OFFICER, HYDERABAD.

THE following case came under the care of Surgeon-Major E. Lawrie, M.B., M.R.C.S., Residency Surgeon, Hyderabad, Deccan, with whose permission I send it for publication.

W. de P—, a Eurasian, aged thirty-eight, had been under treatment since the early part of 1884 for repeated attacks of angina pectoris. He was also troubled by a hoarse cough, accompanied by frothy expectoration. The only treatment that afforded him any relief was hypodermic injections of morphia. In March, 1885, an aneurysm was detected by Brigade-Surgeon T. Beaumont in the ascending portion of the aortic arch; and in August pulsation appeared on the right side of the upper part of the sternum. After a time three ribs were eroded, and a pulsating tumour as large as a tennis-ball showed itself under the skin. There was difficulty in swallowing solid food, which was rejected as soon as it passed the pharynx; and the patient was obliged to live on liquids, which he had to swallow carefully and slowly for fear of being choked. The right side of the neck and face was cedematous and livid; the voice was changed to a whisper; there were paroxysms of angina with urgent dyspnoea, and a very troublesome cough. The pain had greatly increased, and, by preventing sleep, was impairing the patient's general health. No benefit was derived from absolute rest, Tufnell's diet, and large doses of iodide of potassium, and it was therefore decided to tie the common carotid and subclavian arteries.

On Oct. 22nd, a hypodermic injection of morphia having been previously administered, the common carotid and subclavian arteries of the right side were ligatured, under the spray, with carbolised catgut. Chloroform was administered for the first incisions. Afterwards, anæsthesia was kept up principally by the local application of a 10 per cent. solution of cocaine. The edges of the wounds were brought together by horsehair sutures, and thickly dusted with iodoform, and dressings of cloth prepared in a 1 per cent. solution of perchloride of mercury in blood-serum, and dried, were applied. He was ordered fifteen minims of antimonial wine in an ounce of water every two hours. In the evening the pulse and temperature (which before the operation were 90 and

98° respectively) rose to 120 and 101·4°, but subsided the next day, and the wounds healed without inflammation by the first intention. Most of the urgent symptoms connected with the tumour abated within the first week after the operation, and the patient's general condition gradually improved, so that he was able to leave the hospital on Dec. 18th. The radial pulse returned to the right wrist eleven days after the operation.

The aneurysm now (February, 1886) appears stationary, but still pulsates; pain has greatly decreased; swallowing is easily performed; and, with the exception of a dry cough, there are no pressure symptoms.

Hyderabad, Deccan.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

SECONDARY EPITHELIOMA SURROUNDING LEFT HALF OF THE BODY OF THE LOWER JAW; REMOVAL OF THE GROWTH, TOGETHER WITH HALF THE JAW; RECOVERY; REMARKS.

(Under the care of Mr. CHRISTOPHER HEATH.)

EPITHELIOMATOUS GROWTH secondary to that of the lip, seldom permits of successful removal when it has attained the size of the tumour in the present case. It is unusual to find so extensive an involvement of the bone, as in this instance, with such slight glandular affection, the secondary growths generally appearing in the glands under the jaw and involving the bone later and to a much less extent. The illustration shows well the size and appearance of the growth. Not only was the patient successfully relieved of a painful disease by the operation, but, from the careful manner in which all trace was removed, he has a prospect of prolonged life. For the notes of the case we are indebted to Mr. Bilton Pollard, surgical registrar.

J. H—, aged fifty-five, a labourer, was admitted into University College Hospital on March 22nd, 1886. Two years and a half ago an ulcerated swelling formed in the lower lip, close to the left angle of the mouth. About six months later the growth was removed, and the patient remained well till a year ago, when he noticed a swelling beneath the left angle of the lower jaw. The secondary growth had steadily increased in size up to the time of admission, when the lower part of the left side of the patient's face was much enlarged (see figure). The swelling extended from the middle line beneath the chin to the angle of the jaw, involving all the tissues in the left submaxillary space, and almost surrounding the body of the jaw.

On March 24th, the patient being under the influence of ether administered through the nose, Mr. Heath entered the scalpel about half an inch below the left angle of the mouth, and carried it downwards and outwards over the growth in an elliptical manner for three inches and a half. A similar incision was made between the same points, but at a distance of an inch and three-quarters about the middle. The healthy skin was then dissected up till the limits of the growth were reached; the knife was then sunk down to the jaw in the middle line and through the masseter muscle to the ramus of the jaw, and the bone was sawn across at those two points. The bleeding from the inferior dental artery was arrested by touching it with the point of Paquelin's cautery. The tumour was then drawn outwards and the mass freed by dividing the muscles attached to the left side of the body and angle of the jaw. After the bleeding had been arrested the edges of the wound were drawn together by three button sutures and accurately adjusted with fine wire sutures. The outer part of the wound was left open for drainage. The wound was dusted over with iodoform, and a dressing of iodoform wool was applied.

The parts removed consisted of the left half of the body of