healed by lotions; now healing much more rapidly under paste.

J. H.—, aged thirty-four. Large leg ulcer, three years; partially healed under a lotion consisting of dilute nitric acid and opium; then came to a standstill; now healing under paste.

There have been two cases of general ulceration from want of food, and several cases of syphilis, which it was not thought advisable to treat with the paste.

There are certain unusual conditions which arise under this treatment which are worthy of notice:—

1st. Islands of skin or cicatricial tissue arise in some cases in the centre of the ulcer, as well as from the circumference.

2nd. There is for some days after applying the paste a large increase in the ulcer secretion; this afterwards becomes normal.

3rd. The remedy is a painless one.

4th. The cicatrix has a peculiarly healthy, strong appearance.

That it is not the rest in bed, nor the pure air of this locality, nor the regular diet and cleanliness, alone, because, useful as all these are, we have not found unusual results with other systems of treatment. The cases we get in workhouse practice are, as a rule, so unfavourable in persons whose bodies are degenerate in every sense, that any plan of treatment which succeeds with them must still more succeed in the healthier individuals in private practice. As to the propriety of healing up old ulcers in aged people, we take each case on its merits, often stopping short of completely closing them up.

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.

LONDON HOSPITAL.

FRACTURE OF THE SKULL IN BROCA'S REGION; PARALYSIS OF THE RIGHT SIDE; LOSS OF POWER OF SPEECH; DEATH; AUTOPSY.

(Under the care of Mr. JEREMIAH MCCARTHY.)

ALTHOUGH no single explanation seems sufficient to account for all cases of aphasia, still it must be granted that in the vast majority of the permanent cases there is paralysis of the right side, which is associated with some disease or injury of the posterior part of the third left frontal convolution of the brain. That this does not always obtain is fully proved by cases recorded by Vulpian, Charcot, and even Broca himself, in which there was aphasia but no disease of this portion of the brain, or disease of this part and no aphasia. Further, Trousseau gives a case in which there was well-marked aphasia with left hemiplegia. Nevertheless the following case is of interest, as showing a direct injury to this part of the brain followed by complete aphasia and subsequent paralysis of the right side. It is doubtful, however, whether the large effusion of blood was directly due to the injury, or took place secondarily from an injured or diseased vessel. It is difficult to believe that so extensive a destruction of brain-substance by the extravasated blood should not declare itself by paralysis of the right side till so many hours had elapsed. It is probable that the injury gave rise in the first instance to only a slight effusion of blood, but that this gradually increased till it assumed the dimensions found at the autopsy.

J. H.—, a workman employed at the London Hospital, in a quarrel with one of his fellows, was struck on the left temple with the leg of an iron bedstead at about 5 P.M. The case was supposed to be one of scalp wound, and the patient was allowed to go home. It was not ascertained at this time that there was any affection of the speech. About three hours after the accident he was seen walking to his

home, a distance of two miles from the hospital. On reaching home his wife, alarmed at the sight of the bandages, asked him what had happened; but, being unable to speak, he made signs for a pencil and paper. Before getting these he touched his head with his left hand (he was a left-handed man), pointed to the leg of a bedstead, and then clenched his hand as if striking a blow, which an intelligent neighbour interpreted to mean that he had received a blow on the head with the leg of a bedstead, to which he nodded assent. He then went to bed, using both his hands in undressing. A medical man being called in, it was directed that he should be brought to the hospital. To this the patient agreed, but in dressing it was noticed that he could not use his right hand, and, in walking to the cab, that he dragged his right foot. On arriving at the hospital he was quite insensible. Mr. McCarthy was then sent for, and saw him for the first time at 11 P.M., when he was unconscious and breathing stertorously; the right side paralysed and the left convulsed; left eye intolerant of light, the right insensible to touch and light. At the bottom of the wound was a depressed fracture, at the anterior part of the left parietal bone. The history of the case pointing to gradually increasing compression of the brain on the left side, probably from effusing blood, the wound was explored, and some overhanging bone removed with a trephine, and the depressed portion raised and withdrawn, with some splinters that had been driven under the sound portion of the parietal bone. There was a free flow, uncontrolled by pressure on the carotid, of dark-coloured blood, but no wound of the dura mater was detected. A firm compress and bandage were then applied.

Next morning the man was quite conscious and in so far improved. The convulsions on the left side had ceased. The right side was still paralysed as to motion, but when his hand or foot was irritated he used the left hand or foot to protect himself. He perfectly understood all that was said to him, and readily attempted to do all that he was directed. He did not protrude his tongue when asked, but it did not seem as if that were from paralysis of that organ, as he opened his mouth and showed the tip of the tongue, which was in the median line. He continued in this way until the fifth day, his breathing gradually becoming more difficult, and then died. From the time he was first seen by Mr. McCarthy until his death he never uttered a word, nor could he write, although he made several attempts to do so.

At the post-mortem examination the fracture was found to have traversed the course of the middle meningeal artery, which had not, however, sustained any injury. There was a laceration of the dura mater, some distance from the margin of the opening in the bone, which had doubtless been caused by one of the splinters removed at the operation having been driven through it at the time of the accident. There was no blood between the dura mater and bone, or in the arachnoid sac. There was a very little ecchymosis in the pia mater at the bifurcation of the Sylvian fissure, and beneath that a very small clot in the brain-substance. On tracing this there was found a large clot imbedded in the frontal lobe at its posterior part, coming to the surface by only a very small extent. It occupied the portion of the lobe corresponding to the interior and posterior part of the external frontal convolutions, and very closely bordered on the central lobe. When the clot was removed the brain-substance presented the usual appearance when a clot has been found after an apoplectic seizure. The right hemisphere was ecchymosed very superficially. The vessels of the brain were much diseased. The basilar artery was varicose and opaque, and the inner coat was readily peeled off, showing the atheromatous degeneration beneath. The middle cerebral artery and its branches were in a similar condition. The other viscera were normal.

CHARING-CROSS HOSPITAL.

RUPTURE OF URETHRA, WITH EXTRAVASATION OF URINE; RECOVERY.

(Under the care of Mr. BELLAMY.)

It is a remarkable but yet well-known fact, that as long as the urine is confined to its own proper channels it is perfectly harmless, but whenever it becomes extravasated

or lodged in other tissues it is a most acrid and dangerous poison. The treatment in cases of extravasation must, therefore, be decisive, and free evacuation secured as early as possible. In this affection, more, perhaps, than in any other, delay is dangerous, but success will generally attend prompt action.

G. C—, a boy aged sixteen years, was admitted September 26th, 1872, having twenty hours previously fallen astride a parallel bar in a gymnasium. On admission he was in intense pain and in a low feverish condition, no urine having passed by the end of the penis for at least twenty-four hours. The perineum and left groin below Poupart's ligament were very much bruised and tense with extravasated urine and blood. On being called to see him, Mr. Bellamy passed a No. 11 silver catheter into the urethra, and, succeeding in guiding it into the bladder, drew off a large quantity of bloody urine. The catheter was then tied in, and a good dose of opium given. Two incisions were made in either side of the mesial raphe, and a great deal of blood and urine came away.

On the 27th the patient was in a low typhoid state; scarcely any discharge from the wounds in the perineum, but clearer urine flowing from the catheter. As the swelling in the perineum and groin was decidedly increasing and becoming very much inflamed, a very free incision was made in the mesial line down upon the catheter, and, on introducing the finger, the anterior surface of the urethra was felt to be lacerated and rent longitudinally for about an inch and a half. Another free incision was made into an enormous swelling which had appeared on the nates, and which discharged thick coagulated blood, highly urinous in odour. The swelling in the left groin was also opened, and in like manner discharged offensive bloody matter. The catheter was removed, and a large poultice placed over the nates and lower part of the abdomen. The following day his low feverish symptoms were much improved, the urine flowed quite clear from the middle wound, and there was abundant discharge from the others.

On Oct. 3rd smart hæmorrhage took place suddenly from the bottom of the wound in the nates, probably owing to ulceration of some large muscular branch to the gluteus maximus; and as it was found impossible to apply a ligature, it was ultimately controlled by plugging with lint soaked in perchloride of iron, placing ice in the rectum, and applying a strong pad of lint, firmly secured by a bandage round the hips. The patient was much blanched and weak from loss of blood, very low, and could not retain any food in the stomach. He was ordered champagne, which he was able to keep down, and which seemed to give a turning-point to his case.

The following day he was able to eat, looked better, felt stronger, the tongue was cleaner, and the urine came through the central opening only.

Some slight sloughing occurred in the neighbourhood of the incision in the left groin, but the slough rapidly separated. A full-sized catheter was passed from time to time, with the view of preventing contraction of the urethra anterior to the seat of injury, and, as far as possible, to keep the channel continuous with the proximal portion of the urethra.

On the 14th the poultices were left off, and the lateral wound dressed with carbolic-acid lotion.

The patient was allowed to get up on the 16th, the central perineal opening being very small, and the other incisions healing, no urine coming from them, and the parts looking very healthy.

On the 24th the urine was coming away in a small degree by the penis, and the greater part by the central perineal opening. The other wounds had healed well, and the patient was in excellent health.

It was proposed that he should have a change from hospital atmosphere for a time, when any resulting complication may be dealt with.

HOMERTON FEVER HOSPITAL.

TYPHUS FEVER; PERITONITIS; DEATH.

(Under the care of Dr. COLLIE.)

THE following case is interesting on account of the rarity of the complication (peritonitis) through which it proved fatal. Dr. Murchison says that it is almost unknown "as

a complication of typhus," and he only gives two cases: one reported by Sir William Jenner, in which it was idiopathic; and another by Dr. Buchanan, in which it was due to the softening of an "embolic deposit in the spleen."

John S—, aged twenty-one, was admitted to the hospital on the 18th of May, after seven days' illness. Pulse 104; temperature in rectum 105.4°; well marked eruption of typhus over the whole body; mind clear; lungs normal; tongue moist and furred; bowels not opened for seven days. To have one ounce of castor oil, one pint of milk, one pint of beef-tea, and six ounces of bread. From this time to the 28th, the case presented nothing unusual. No medicine was administered, but a cold bath was given daily. The patient was placed in the bath whilst the temperature of the water was at 80°, which, in the fifteen or twenty minutes during which the bath lasted, was gradually reduced to 61°. On the evening of the 28th (seventeenth day of the disease), and five hours after a bath as above described, the patient complained of severe pain in the abdomen, and difficulty of breathing. The belly was very much distended, there were severe pain and tenderness, chiefly in the left hypogastric region, the pulse was very small and feeble, the expression anxious, the respiration hurried, and there was great restlessness. Half an ounce of whisky was given every half-hour, and turpentine stupes were applied to the painful part. At midnight there was some slight improvement, but it was only temporary. Death occurred within thirteen hours from the commencement of the attack.

Post-mortem examination.—Lungs healthy with the exception of old pleuritic adhesions in the left chest; liver and kidneys apparently healthy, excepting in the latter a few small cysts; spleen slightly enlarged, rather soft and congested. The peritoneal cavity contained a considerable quantity of turbid semi-purulent fluid. The peritonitis was limited to the meso-colon and meso-rectum, and hardly extended beyond the sigmoid flexure. Here the peritoneum was covered with masses of lymph and bathed in a quasi-purulent effusion. The interval between the reflexions of the meso-colon and rectum was infiltrated with pus. The bladder was healthy. The intestine was carefully examined, but no disease of any kind was discovered in it.

BIRMINGHAM GENERAL HOSPITAL.

DEATH FROM OBSTRUCTION OF THE PULMONARY ARTERY
IN THE COURSE OF PERICARDITIS OCCURRING DURING
THE FIFTH ATTACK OF ACUTE RHEUMATISM.

(Under the care of Dr. RUSSELL.)

THE chief point of interest in the following case, in addition to the cause of death, is the occurrence of pericarditis, for the first time, at a very late period in the history of a patient who had suffered so severely from acute rheumatism in former years. The cardiac complication having been delayed till twenty-three days after the patient had been in hospital, though less unusual, is not, according to the ordinary course of events, rare in acute rheumatism. No cause could be assigned for its occurrence, the patient having been strictly confined to bed in the warmest part of the ward. The case adds a further illustration to many others of the irregular course which the local developments of acute rheumatism are apt occasionally to take. The striking manner in which the hereditary tendency appeared in the case will also be noted. It is, however, to be regretted that the health of the patient's mother was not noted, but it is believed that she was free from the disease.

Elizabeth B—, aged thirty-six, had her first attack of acute rheumatism at the age of fourteen. It lasted for three weeks; her second at the age of twenty-four, when the attack continued for seventeen weeks. Her third attack occurred when she was thirty years old, and lasted only for two weeks, and her fourth a year afterwards. On the latter occasion she was upstairs for five months, but suffered no permanent injury to her joints. Her health was a good deal broken by this last illness. Her father was disabled by rheumatism for eighteen years. She is an only child, but during her present illness her daughter was also in the hospital with acute rheumatism, from which she had suffered for eighteen months, and narrowly escaped dying from pericarditis attended by pulmonary complication.