evidence in favor of M. Broca's location is quite insufficient to justify his inferences.

VI. The lesion in aphasia usually involves the white as well as the grey substance, and is often due to embolism of the left middle cerebral artery, followed by softening of the parts supplied.

VII. There is anatomical evidence of the most complex and delicate systems of cells and fibres in the cerebral convolutions, and it is a fair inference that as in the cell groups of the cord, medulla, and basic ganglia, there are here carried on special functions, but of a higher order.

VIII. There is good evidence of an increasing elaboration of structure and function in ascending from the cord to the convolutions. This ascending scale may be arbitrarily divided into centres, at once independent and subordinate, having general analogies of action, with special differences, but which are difficult of precise limitation.

IX. The centres of muscular coördination for speech have with most reason been assigned to the medulla, or in proximity to the nuclei of the controlling nerves.

X. The faculty of articulate speech, in its mental as well as its motor aspect, is an acquired one, depending on the gradual organization and association of auditory impressions, ideas and movements.

XI. It is not impossible that the same convolutions uniformly perform the same functions, or that groups of ideas may be related by a superficial contiguity in the cortical substance; but there is no good evidence that such groups correspond to any of the so-called mental faculties, and no such faculty has yet been definitely located.

XII. There is some evidence of both asymmetry of structure, and difference of function, between the two hemispheres, which is at present best accounted for by the theory of unilateral education, depending on anatomical differences not yet clearly understood.

CASE OF STRICTURE OF RECTUM FROM CANCEROUS INFLAMMATION. DEATH.

By E. P. HURD, M.D., Newburyport, Mass.

I SHALL endeavor, very briefly, to narrate the principal particulars of this interesting case. The subject was a patient of Dr. Perkins, of this city.

Mrs. —, of Newburyport, for some time ailing, took her bed in February last. The well-marked symptoms of peritonitis gave place to those of obstruction. At first, scanty discharges were obtained by

means of croton oil and colocynth, purges and enemata; the latter soon failed to have any effect. The abdomen became enormously tympanitic. A gurgling sound, like that of pouring water from a bottle, was constantly heard on auscultating. Entire abdomen resonant on percussion. The usual painful symptoms of extreme abdominal distention were experienced. By and by she could not sleep, except in erect posture. Diagnosis, intestinal stricture; seat of stricture undetermined.

Treatment, mainly palliative. Ice poultices had been tried with benefit. The resources of materia medica had been taxed by my indefatigable *confrère*. Turpentine and other alterative and carminative remedies failed to give much relief. Progressive failure of the organic functions. Emaciation. For more than three months before death there had been no movement of the bowels. Enema-pipe entered but a short distance, and injections immediately returned. Patient was sustained on liquid food. Death, which took place about the first of July, was preceded by stercoraceous vomiting.

Autopsy (performed by Drs. Howe, Snow, Cross, and myself) revealed an enormously distended colon. The transverse colon, blown into a retort-shaped body, occupied the anterior portion of the abdomen, the lateral and superior regions; circumference, 21 inches. This gut resembled a dried bladder, not collapsing on puncture. Stomach and small intestines of natural size, and full of stercoraceous matter. The uterus was retroflexed from superincumbent pressure. The left ovary was encephaloid, and uterus, bladder and upper fifth of the rectum were bound down to the sacrum by constricting bands, the product of mesorectal inflammation. The canal of the bowel was obliterated at this point. Neither above the seat of stricture nor below could a bougie be made to pass the constriction. Numerous small scirrhous nodules—apparently passive—from a pea to a filbert in size, studded the meso-rectum and the fascia of the iliacus muscle.

From the experience of the above case, which by the kindness of Dr. P. I was allowed frequently to examine during the life of the sufferer, I think I am warranted in concluding that steadily augmenting tympanites, accompanied by fecal retention and obstruction, is pathognomonic of intestinal stricture; that, *a priori*, peritonitis points to organized inflammatory lymph as the constricting cause, and that the continuance for a considerable length of time of the tympanites and the obstruc-

tion, indicates a stricture near the termination of the large intestines.

INEQUALITY IN THE MILK OF THE TWO BREASTS IN WOMAN.

Translated from L'Union Médicale, by FRANK W. DRAPER, M.D., Boston.

M. LOUIS SOURDAT recently reported to the Academy of Sciences in Paris the notes of a case of inequality in the amount and composition of the milk secreted by the two mammæ of the same woman. Having observed that a nursing child showed an evident preference for the right breast of its mother, a preference which had been remarked also in two previous children, and having noticed, moreover, that this breast was of larger size than its fellow, and gave nearly twice the amount of milk, he examined a number of specimens of the secretion and arrived at the following results:

1. The composition of the milk of the same woman taken simultaneously from both mammæ is very variable from day to day, even when there is no appreciable change in the general condition of the woman. A temporary fatigue, or a slight change in diet, or a more or less prolonged retention of the milk in the breasts, suffices to cause these variations. In eight analyses the weight of the dry residue varied from 10.1% per cent. to 13.7% per cent. The specific gravity likewise varied from 0.980 to 1.031.

2d. The composition of the milk varied in the two breasts at the same time. The secretion of the right side, which was far the more abundant, was also richer in the solid constituents.

3d. Under these conditions, butter was generally in much greater amount in the milk of the right breast than in that of the left. The appearance of the specimens would itself alone confirm these last differences.

4th. The nitrogenous substances, casein and albumen, like the butter, were formed in the right side more abundantly.

5th. The soluble principles were, it is worthy of note, found in five analyses to be nearly equally distributed in the two sides. Yet, in two instances in which there was a slight difference, it was found to be in favor of the side containing the less butter.

A similar variation pertained to the salts; so that it would seem from this that there exists a certain correspondence between the fatty and the nitrogenous substance on

the one hand and the soluble elements on the other.

REJOINDER TO CERTAIN EDITORIAL REMARKS ENTITLED "A RESOLUTION WITHOUT LEGAL FORCE."

By J. L. SULLIVAN, M.D., Boston.

MESSRS. EDITORS,—An attentive perusal of your editorial remarks bearing the above title, convinces me that you have misunderstood, if not the force, at least the *purpose* of the resolution. Moreover, you have wandered to the consideration of another and very different question, viz., the expediency and possibility of accomplishing the end contemplated thereby. This has been done in such manner as to make it appear doubtful whether you have written in the interest of the Massachusetts Medical Society, or of those whose connection with it is deprecated by the majority of its members, including yourselves.

In presenting my own views, I shall approach the legal questions involved in the diffident spirit which characterizes your own remarks, alluding to these questions as briefly as the nature of the subject will admit.

I will begin by repeating the resolution: "*Resolved*, that the Massachusetts Medical Society hereby expels from fellowship all those who publicly profess to practise in accordance with any exclusive dogma, whether calling themselves Homœopaths, Hydropaths, Eclectics, or what not, in violation of the Code of Ethics of the American Medical Association."

The provisions of the Act of Incorporation bearing upon the above are as follows:

"The Fellows shall have power to suspend, expel, or disfranchise a Fellow of the Society."

"The Fellows of the Society shall have full power and authority to make and enact such Rules and By-Laws for the better government of the Society as are not repugnant to the laws of the Commonwealth."

By this provision the Society is empowered to create and put in motion the machinery by which the power and authority delegated to it may be made practically available. But in the exercise of this authority it cannot ignore the principles of justice which the laws and statutes of the Commonwealth are supposed to embody. Hence, "although the Society has the right

* Vide Boston Medical and Surgical Journal for July 28th, 1870.