it in position by sutures, with the result that an examination made of the patient some months after the operation showed the liver still to be securely fixed in the position in which it had been sutured.

OPERATION ON THE SPLEEN.

CASE 24.—The patient, a delicate woman aged thirty, had been in ill health for two years. She had been liable to attacks of constipation and vomiting. Two months previously an enlargement of the spleen was noticed, and this was attended with intermittent pyrexia. The patient had never lived out of England or in a malarious district. When seen she was exceedingly ill and too feeble to raise herself in bed. She had the appearance of a subject of advanced hectic fever. She was pregnant. There was a fluctuating swelling—evidently an abscess—in the splenic region. An incision was made over this, and an abscess of the spleen discovered and opened. Six ounces of foul pus escaped as well as much broken-down splenic tissue. The finger could be passed as far as it could reach into the spleen. The operation was performed on Oct. 25th. The splenic cavity was drained with gauze. Two days after the operation the patient gave birth to a seven months' foetus. She improved remarkably, and the temperature became normal. Three weeks after the operation, without further complication, the discharge from the wound became feculent, and this condition still existed when the patient left the hospital.

EXPLORATION OF THE STOMACH.

CASE 25.—A man aged forty, who was admitted to the London Hospital, had been ill—according to his own report—for twelve years with pain in the stomach and vomiting. He had vomited blood. He was greatly emaciated. The pain in the stomach was evidently very severe. The stomach was exposed by operation on Oct. 11th. It was much enlarged, but exhibited no abnormal appearance beyond this. The stomach was then opened and emptied. The pylorus was examined from within and every part of the gastric surface explored. No ulcer or other morbid condition was discovered. The gastric and abdominal wounds were closed. The patient recovered well, and all pain in the stomach has now practically disappeared.

EXPLORATORY INCISIONS.

CASES 26 AND 27.—These cases were both treated in the London Hospital. The first was a case of abdominal tumour in a man aged forty-six who had had abdominal pain, enteritis, and gastric troubles for nearly twelve months. The tumour was on the left side and had attained but small dimensions. Operation proved it to be a retro-peritoneal sarcoma behind the descending colon. This and other cases draw attention to the frequency with which retro-peritoneal sarcomata are found in men about middle life, and upon the left side. The first signs are nearly always a failing of energy and a sense of increasing weakness. The patient recovered well from the operation, and if the experience of like cases is of any value the mass will shrink for a while, or at least cease to grow for a period. The operation was performed on Oct. 11th. The second case was that of a man aged fifty-nine, who had ascites associated with symptoms which strongly suggested some stenosis of the bowel. On Nov. 1st an exploratory incision was made, which showed that the ascites was due to cirrhosis of the liver. There was no other sign of disease except a contracted meso-sigmoid colon, such as appears to be often the cause (or the effect) of troublesome constipation.

Wimpole-street, W.

NOTE ON DR. HINSELWOOD'S COMMUNICATION ON WORD-BLINDNESS AND VISUAL MEMORY.¹

By SIR W. H. BROADBENT, BART., M.D. LOND.,
PRESIDENT OF THE NEUROLOGICAL SOCIETY AND PHYSICIAN TO
ST. MARY'S HOSPITAL.

DR. HINSELWOOD may be right in stating that "Kussmaul first clearly pointed out that blindness for words is capable of being met with clinically as an isolated condition." The article in Ziemssen, however, to which he refers was not the first in which attention was called to this remarkable condition. A case is reported in the course of an

article on the Cerebral Mechanism of Speech and Thought² which exemplifies it perfectly. The summary of the case only need be quoted: "After an acute cerebral attack absolute inability to read printed or written words (except own name) while the patient wrote correctly from dictation and composed and wrote letters with a little prompting"—which, as stated in the text, he could not himself read afterwards. The condition was not named "word-blindness," and, in my judgment, the employment of this term has been misleading and unfortunate. In the case observed in 1871 and read before the Royal Medical and Chirurgical Society in February, 1872, the blindness for words was a part of a much larger defect, a complete loss of the faculty of naming an object at sight, and it is in order to point out this that the present note is written. The heading of the case may now be completed: "Inability to recall the name of the most familiar object presented to his sight, while he conversed intelligently, employing an extensive and varied vocabulary, making few mistakes, but occasionally forgetting names of streets, persons, and objects." Whenever word-blindness, so-called, has come under my notice since that time it has always been associated with inability to name an object presented to the vision; if a man cannot name a watch, *a fortiori* he cannot name a word. The path from the "visual perceptive centre" to the "naming centre" has been cut.³ Case 9 of the same communication to the Royal Medical and Chirurgical Society was believed to exemplify interruption of the path between the auditory perceptive centre and the "naming centre" (word-deafness), and in a later communication⁴ is related a case illustrating damage of the "naming centre" itself, a cortical area upon which, as I suppose, converge perceptions from all the perceptive centres of sight, hearing, touch, smell, and taste, for combination into a complete idea of any external object, the auditory contribution being the name. Attention may, perhaps, specially be called to two cases,⁵ one with post-mortem examination, in which a clinical distinction was made between the sensory and motor parts of speech. A noun-substantive is the highest representative of the sensory aspect of language; all the other parts of speech are employed to set nouns in motion, so to speak, and are motor. In the cases alluded to the patients could say anything except nouns.

A remarkable feature in Dr. Hinshelwood's case is that the patient could read figures. In several of my illustrations of aphasia it has been pointed out that the patient could say and write figures, could tell the number of coins shown to him, and could count up to and beyond twenty, while he could not say the alphabet. Now the idea of number is an intellectual abstraction, and both in its conception (sensory) and in its expression (motor) it would seem that different sets of cells and fibres must be employed on a higher plane than, for example, the auditory cell groups which educate the vocalising cell groups.

Brook-street, W.

A CONTRIBUTION TO THE STUDY OF SOME FORMS OF ALBUMINURIA ASSOCIATED WITH KIDNEY TENSION AND THEIR TREATMENT.

By REGINALD HARRISON, F.R.C.S. ENG.,

VICE-PRESIDENT, AND LATE HUNTERIAN PROFESSOR OF PATHOLOGY AND SURGERY, OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

I THINK the assertion may be made that if certain organs of the body occupied other positions than those where nature has placed them a variety of morbid conditions to which they are respectively liable would now receive somewhat different treatment from that which has hitherto been adopted. This is a consideration which naturally presents itself to us with greater force at the present time, when by the aid of antiseptic surgery all parts of the body are being

² Transactions of the Royal Medical and Chirurgical Society, vol. lv., 1872, p. 162.

³ In the numerous published cases which I have read I do not remember to have seen that the test of asking the patient to name objects has been tried.

⁴ Transactions of the Royal Medical and Chirurgical Society, vol. lxi., 1878, p. 147.

⁵ Ibid., vol. lxxvii., 1884.