better." He is still, however, unable to put out his tongue, though he opens his mouth immediately when told to do so.

9th.—Passed a bad night; very restless, and suffering much from dyspnoea; but the improvement in the mental condition continues; he is free from pain in the head, and says he shall get better. Pulse stronger and fuller, 78. Still unable to put out his tongue; deglutition perfect. Scalp wound nearly healed. Ordered compound spirits of sulphuric ether, thirty minims every four hours, if necessary.

10th.—Better, but still does not answer readily unless the word is suggested to him. When asked "How are you?" he mumbled something indistinctly; but when asked "Are you better?" he answered "Better," and then voluntarily followed up the response by saying "I've more reason." Still he does not always appear to comprehend what is said. On telling him, for instance, to put out his tongue, he made no effort to do so, though it was repeated three times; but if the questioner put out his own tongue, the patient immediately opened his mouth and tried to do the same, though without success. He had a very good night.

12th.—Decidedly better. When asked "How are you?" he replied "Very queer;" but is now able to put out his tongue. Pulse 84, with power. His cough is now the principal ailment.

23rd.—Convalescent, and about; there having been no relapse in the head symptoms since last note. He suffers only from the chronic chest disease.

29th.—Discharged.

ST. GEORGE'S HOSPITAL.

A CASE OF SOFTENING OF THE BRAIN, WITH APHASIA.

(Under the care of Dr. OGLE.)

THE patient whose case is detailed below, from notes kindly supplied by Dr. Reginald Thompson, medical registrar, used to walk about the ward in a restless and vacant manner for several days after his admission, during which time we saw him more than once. His power of voluntary movements, taken in connexion with the extensive softening which was discovered after death, is an interesting point. He presented a good example of atactic aphasia, accompanied by amnesia, of which a number of instances are given in Dr. Ogle's excellent paper on "Aphasia and Agraphia" in the lately published volume of "St. George's Hospital Reports."

Charles H—, aged thirty, was admitted on the 7th of October last. He was a groom in the Chantilly stables, and had been sent over from France the day before his admission into the hospital. No history was obtained, and he was incapable of giving any account of himself. He could say "yes" and "no," and one or two short French words; but generally he talked gibberish, and answered questions quite unintelligibly. He could not give his name; and would not, or could not, write. He could not protrude his tongue; he could walk well, and fed himself properly with both hands; looked melancholy and hopeless. On close examination, there seemed to be some paralysis of the right side of the face, which was a little drawn, and not so mobile as the left; pupils large. At the apex of the heart a very soft sound was heard accompanying the first sound. He was ordered calomel and senna, and two drachms of the solution of bichloride of mercury, twice a day. On the 15th he was not so well, and was troublesome and fidgety during the night. On the 16th he had two fits, in which the left side of the face and the right arm and leg were convulsed. The fits were very transient. He got noisier at night, and was reported to swear a good deal. On the 17th he had another fit; pupils equally large and much dilated. He had a succession of fits throughout the night of the 18th. From this time he became comatose, and died at noon on the 20th.

The following notes of the necropsy were made by Mr. Thos. Pick:—The body was in good condition. The whole of the middle lobe of the left side of the brain was more or less softened, the softening being greatest in the centre, but reaching the surface of the brain along the margin of the horizontal fissure of Sylvius in the temporo-sphenoid lobe. In the centre of the middle lobe the softening extended as high as a level with the upper surface of the corpus callosum; in front it extended as far forwards, possibly a little in front of the fissure of Rolando. The ventricles were full of clear fluid. The arteries were quite natural. The lungs were very oedematous and emphysematous along their free margins; the heart was semi-contracted and empty; the margin of the tricuspid valve

was very slightly thickened, but otherwise the organ was quite natural. The liver was slightly congested; the spleen small and pulpy; the kidneys were full of black blood, the surface was granular, and there was slight diminution in the amount of the secreting structure.

Provincial Hospital Reports.

GENERAL HOSPITAL NEAR NOTTINGHAM.

GANGRENE OF THE KNEE, OPENING THE JOINT; DEATH. (Under the care of Mr. THOMPSON).

WE are indebted to Mr. Thompson, junior, for notes of this case.

James G—, aged seventy-eight, a blacksmith, was admitted into the hospital on the 2nd of January, 1867. Patient states that he has always enjoyed remarkably good health until the beginning of last October, when he first noticed that his left knee felt numb and dead; there was no redness at this time, but he was unable to walk, because of pain. He says that his left foot and leg always felt cold. In November the joint became swollen, red, and very painful; and about the 10th of December, he observed a small black spot on the outer side of the knee-cap, which gradually spread, and formed a complete circle round the patella, the skin covering the patella itself being quite natural in its appearance. He never received any injury to the part, although, from the nature of his employment, he may have done so unknowingly.

Present state.—To all appearance he is a healthy-looking man for his age: arcus senilis well marked; there is rigidity of his arteries, which may be seen beating at the bend of elbows and wrists, and feel hard, and roll from under finger; pulse 76, rather weak and intermittent; heart-sounds feeble; no murmurs heard; appetite good; sleeps tolerably; the left thigh is warm; some fulness in the groin; the foot and leg feel cold, but he says they do not feel numb. Over the knee is a large slough, 6 by 5 inches in diameter; black at its outer edges, where it is separating from the sound skin, but of a purplish green colour in the centre. The limb was in a bent position, and he cannot bear it to be put straight. The foot and leg were enveloped in cotton wool, a bread poultice applied to the knee, and patient ordered to take a mixture with ammonia, chloric ether, and cascarrilla.

Jan. 18th.—The slough continues to separate; the central portion over the patella being now quite dead and black. To continue treatment.

23rd.—To-day, on a portion of the slough being removed, the joint was found to be quite open, the inner condyle of the femur being quite exposed; a most offensive odour now comes from the wound. Two grains of quinine were ordered three times a day.

28th.—During the last three days he has had diarrhoea; slough continues to separate; does not complain of pain. To continue pill, and to have a chalk mixture and six ounces of wine. A small bed sore was discovered to-day on his right hip, of which he did not complain.

Feb. 3rd.—Is certainly not so well; diarrhoea has ceased. Now complains of much pain in knee, which discharges a good quantity of very fetid pus; skin hot and dry; pulse 140; tongue red and dry, brownish in centre. To repeat pill, and ammonia mixture, with brandy and eggs, &c.

4th.—Is much exhausted; takes very little nourishment; on dressing the knee, a large blister, full of dark-greenish fluid, is seen on the back of the leg.

5th.—The blister on the back of the leg has burst, and the skin beneath is black and discoloured. Patient is evidently sinking; pulse 144, weak and small; tongue dry and brown; skin cold and clammy.

6th.—Died at three A.M.

Autopsy eight hours after death.—Lungs congested, with slight inflammation of the bronchi. Heart soft, pale, flabby, and covered with fat; chambers of the heart dilated; ossific deposits were seen on the aortic and mitral valves. Atheromatous deposits in the coats of the aorta, and more especially abundant where branches were given off. The aorta at its bifurcation was quite brittle, and cracked beneath the finger.

Remarks.—The case presents two points of interest:—1st. The fact that the knee should have been the seat of this

disease, instead of and without any affection of the toes, as is the usual case in gangrena senilis; and 2nd, the peculiar mode in which the disease developed itself, passing round the patella, and leaving the centre portion of its natural hue and sensibility, this portion gradually being involved by the disease.

Further examination of the arteries, leg, &c., was not permitted.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, DEC. 3RD, 1867.

MR. W. ADAMS, V.P., IN THE CHAIR.

MR. BRUCE read the report of a committee on a Cretified Tumour of the Back removed by Sir Wm. Fergusson, and exhibited at the last meeting by Dr. Trimen.

A report by Dr. Marcet upon Chylous Fluid derived from the Peritoneum, exhibited by Dr. Wilks, was also read.

Dr. BASTIAN exhibited specimens of Lung and Liver showing the early stage of Fibroid Degeneration. He regarded the grey granulation as the type of tubercle; and the early stage of fibroid showed microscopic characters not distinguishable from those of grey granulation. Although the elements were alike, the arrangement was different in the two structures. They differed also in their origin, the one originating in tubercle, and the other being of much more local origin. Dr. Bastian would regard the fibroid change as one neither of inflammation nor degeneration, but rather as a substitution of a new tissue functionally inert.

MR. W. J. SMITH exhibited the following:—1. Microscopic specimens of a Strumous Gland, of the size of a hen's egg, removed by Mr. Gay from the axilla of a healthy man forty-eight years of age, showing, first, increase of the fibrous tissue of the trabeculae; secondly, substitution of large nucleated polymorphous cells for the proper lymph-corpuscles; thirdly, diminution of vascularity; and fourthly, fatty degeneration of the abnormal cells and the connective-tissue corpuscles of the trabeculae.—2. Microscopic specimens from an Enlarged Tonsil, showing the new tissue to be composed of closely packed Malpighian follicles, in the interior of which can be seen an abundance of fine bloodvessels.—3. An Epidermal Cyst containing fat and hair, not congenital, removed from the chin of a man forty years of age. The hairs were rolled up round little masses of fat, and resembled in general appearance those of the man's beard. Many, however, presented, under the microscope, an unusual and fringed appearance from loosening of their cuticle.

Dr. WILSON FOX exhibited a Heart from a case of Cyanosis in a child aged four years, who up to nine months was in perfect health; but then, after an attack of bronchitis, the blueness came on. There was a considerable bulge of the chest-wall in the præcordial region, and a loud murmur. There was an open foramen ovale, and also a communication between the ventricles. The pulmonary artery was nearly closed. Dr. Fox thought the patent foramen was in the main a congenital affection, but the ventricular opening was partly due to inflammation.

MR. MOORE exhibited, through the Secretary, a case of Recurrent Cancer of the Breast, after treatment by the injection of acetic acid. The breast had been removed, and nodules which showed themselves in the cicatrix were treated with the acid, and disappeared. On a recurrence of the disease Mr. Moore excised the whole cicatrix, which was exhibited, and referred to the Committee on Morbid Growths.

MR. W. ADAMS brought forward a living specimen of Progressive Paralysis with Hypertrophy of Muscle in a boy, who was in an early stage of the disease. He alluded to a case of Dr. Hillier's, and to a second case under his own care, showing more advanced stages. The boy, though apparently muscular, was found to be weak in the legs, and was unable to rise from his seat or stand. The disease was progressive, and would probably end in death. The patient has a brother in a more advanced stage.

Dr. HILLIER said his patient was a boy between ten and eleven, who never walked well, and could not run. A tendency to draw up the heel had been observed; and now he cannot walk at all, and is becoming weak in the arms. The hypertrophy of muscle was not considerable.

Dr. MERYON said he had been the first to describe a form of local paralysis dependent upon rupture of the sarcolemma of

muscle without fatty degeneration. The disease was of a centrifugal character, beginning in the thighs, and then affecting the legs, afterwards attacking the upper extremity. He referred to patients under his care, and whom he had exhibited to the Medical and Chirurgical Society.

MR. LOCKHART CLARKE was strongly disposed to think that in these cases there was some central nervous lesion. He regarded the post-mortems of early cases as unsatisfactory; and, in the cases which he had examined, had found undoubted evidences of disintegration of the spinal cord. He considered the cases of Dr. Duchenne quite distinct from those of Dr. Meryon.

Dr. SCHULHOF remarked upon the difference of symptoms in the two diseases as regards pain.

MR. NUNN made a few remarks upon the arterial supply of the affected limbs.

Dr. UVEDALE WEST narrated some particulars of the case of a child of his own who had suffered from the disease.

Sir D. GIBB exhibited some specimens of diseased Supra-renal Capsules from a patient who had discoloration of the skin. Sir D. Gibb also showed a case of Tumour springing from the Hyoid Bone, dislocating the epiglottis, and producing suffocation, from a lad of fourteen, which he concluded to be of cancerous nature.

MR. CHRISTOPHER HEATH exhibited a large Osteosarcoma of the Lower Jaw, which he had removed from a patient who unfortunately sank from exhaustion on the sixth day. He called attention to the fact that the tumour had sprung from the interior of the bone, and was of a benign character, and that the inner lamella of the jaw was perfectly smooth and entire, as was generally the case in tumours of the kind. The vessels of the neck were never involved in such cases, and it was only to be regretted that the patient had not been submitted to an operation at an earlier date. The tumour weighed 4 lb. 6 oz., and was one of the largest of the kind. Mr. Heath showed drawings of the patient, and a wax model of the tumour.

MR. F. MASON exhibited a specimen of Ruptured Muscle from a case of Tetanus induced by a hair-pin driven beneath the scalp.

Dr. KELLY showed a specimen of Diseased Fallopian Tubes, from a woman who had not menstruated for some time. The tubes were closed at each extremity, and the cysts were of the size of an orange. The patient died of disease unconnected with the parts exhibited.

Reviews and Notices of Books.

Statistiques Médicales des Hôpitaux de Paris, 1861-62. Paris: Paul Dupont. 1867.

M. HUSSON, the accomplished and energetic Director of the French Administration Générale de l'Assistance Publique, has just issued, as the first instalment of a work intended to be continued in a regular annual series, the two volumes of which we hasten to acknowledge the great importance to the medical profession, who, so far as this country is concerned, will find in them a subject of admiration, strongly mingled with regret that we have nothing whatever of a similar nature and scientific value to put in comparison.

In 1860, M. Husson was placed at the head of the Hospital Administration of Paris, and, having a warm regard for the advancement of science, he was soon struck by the abundance of the materials at his command for throwing light on the causes and progress of disease, and the effects of varied treatment offered by the 100,000 patients of both sexes and of different ages, admitted annually into the hospitals and infirmaries under his supervision. Prior to 1860, numerous reports had from the beginning of the present century been made, containing information more or less exact in reference to the statistics of French hospitals; but, as M. Husson observes, although very interesting, they were deficient in necessary detail, and the want of any system of co-ordination has left them isolated fragments—rough material, which may possibly be some day utilised. Firmly convinced of the importance of a system of hospital statistics, and desiring to adopt a basis which should ensure harmonious working, M. Husson lost no time in calling