be of great value in the hands of surgeons of the United Service when called upon to take off the temporary tourniquets in the numerous cases where time does not permit of immediate operation, and in cases of accident in the country, where patients have to be sent several miles to hospital.

CEREBRAL HÆMORRHAGE; APHASIA.

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GEORGE F.—, aged seventy, was admitted into the infirmary under my care on April 28th, at 9 P.M., having been brought in from the streets in a fit. On admission he was pale and insensible, but could be roused to a certain point on speaking loudly to him. There was slight paralysis of the right upper extremity, aphasia, and convulsive twitchings of the arms; no facial paralysis. Breathing natural; pulse 72, indicative of renal disease. Upon drawing off his water this was found albuminous and of low specific gravity. Ordered a purgative and sinapism to loins.

April 29th.—Bowels moved freely during the night, and has passed water under him; is very drowsy this morning, and mutters to himself; lying on his back, mouth open; face slightly flushed; angle of mouth natural on both sides, no facial paralysis; slight ptosis of right eyelid, no squint; contraction of both pupils. Upon speaking loudly, answers questions after some moments, but incoherently; protrudes and withdraws tongue naturally. Respiration normal; pulse 60; skin cool; temperature same on both sides of the body. Heart-sounds normal. The power of grasping with the right hand is but slightly impaired when compared with the left, and there is no paralysis of lower extremity; no diminution of sensibility; can swallow easily.—8.30 P.M.: Face flushed; laboured breathing. Pulse very weak, barely 60; temperature 102.2°. Ordered two teaspoonfuls of brandy, and repeated every hour, pulse being watched.—11.30 P.M.: Pulse fuller, but not quickened, 60. Brandy increased to a tablespoonful every hour.

30th.—10 A.M.: Pulse very irregular, from 60 to 70; temperature 100.5°; breathes easier; has passed water twice into the chamber when given him. Urine clear, sp. gr. 1019, slightly albuminous. To continue brandy in half-ounce doses every two hours; beef-tea and milk *ad lib.*—11 P.M.: Pulse 80, easily compressed; temperature 102.6°; skin hot; face flushed; slight difficulty in swallowing; picking action with right hand; has passed a large quantity of water during the day. Brandy reduced to a tablespoonful every four hours.

May 1st.—Pulse 62, small, still very irregular; temperature 101.6°. Got out of bed during the night; head thrown back; muscles of back of neck tense; mouth open; tongue thick, red, and dry on the dorsum; swallows better; pupils small and equal; mutters almost incessantly to himself, and lies on back; convulsive twitchings of both hands, and inclined to pick at bedclothes; slight cough; still answers as before when roused; passes water, when the chamber is given him, naturally; bowels confined; urine no longer albuminous, sp. gr. 1010. Brandy every two instead of four hours; beef-tea and milk *ad lib.*—10 P.M.: Pulse risen to 72; temperature 102°.

2nd.—Less retraction of head; still muttering, and yawns frequently; pupils contracted. Pulse 70; temperature 100.5°. Tongue dry and cracked; convulsive twitching and picking action less. Brandy, &c. &c., as before.

3rd.—Some improvement. Tries to get out of bed when about to micturate. Less aphasia; no paralysis; slight jerking of muscles of right arm. Pulse 70-75; temperature 100°. Ordered a stimulant mixture.

4th.—Great improvement. Less muttering. Jerking of muscles of right arm nearly gone. Answers distinctly to questions, and does not relapse for some time. Tongue moist; pulse 80, irregular; temperature 100°. Brandy as before. Takes plenty of beef-tea, milk, &c. Bowels to be acted upon by two drops of croton oil.

5th and 6th.—No change in symptoms, except general improvement. Bowels have been well opened.

7th.—Not so well this morning. Slight facial paralysis left side, and convulsive twitching of both arms. Muttering almost incessantly. Breathing deep and laboured. Pulse 78; temperature 100°. Takes all his nourishment. No difficulty in swallowing.

9th.—Again improved. Facial paralysis gone; no twitching of arms. More rational. Tongue brown, and inclined to dryness; breath very offensive. Bowels to be opened by calomel. Brandy and stimulant mixture as before.

12th.—Condition much about the same. Takes all his nourishment, but sinking slowly. Pulse 68. Breathes easier. Temperature 98°. Carbonate of ammonia added to the mixture. Brandy, &c., as before.

16th.—Return of convulsive twitching in arms and facial muscles of left side. Upon being roused, complains of pains in both arms. Lividity of cheeks, and tremulation of mouth. Pulse 54, very weak. Respiration laboured.

17th.—Convulsive movement of arms and face gone. Otherwise the same.

18th.—Died at 4.30 P.M., from asthenia.

Post-mortem examination.—The calvaria being removed, the membranes were found slightly congested, and a little lymph situated over the anterior third of the left cerebral hemisphere. On making a section of the brain in the usual manner, the brain-substance was found to be perfectly healthy as far as the level of the corpus callosum, and both lateral ventricles contained a little more than the normal amount of fluid, but not sufficient to cause pressure. Examination of the remaining part of the left anterior cerebral lobe showed that the central portion of it was broken down, and occupied by a large clot which had extended backwards into the substance of the corpus striatum and optic thalamus. The clot was about the size of a small orange, and had partly undergone absorption at the edge; central portion consisting of dark coagulated blood. The brain-substance around the clot was in a softened condition. The right side and cerebellum were quite healthy. Heart healthy, no hypertrophy, rather under natural size. Kidneys each three and a half ounces; capsules adherent; numerous large cysts existed in the cortical portion, which was in a granular condition.

Remarks.—This extraordinary case (for I cannot find a parallel to it on record), considered in its two leading points—(1) the degree of paralysis &c. in comparison with the extent of lesion of the motor tract of one half of the brain; (2) the length of time the man lived with such a lesion—appears to me to be worthy of publication. Firstly, that the functions of the left corpus striatum could be compromised to such an extent, as might reasonably be inferred they would be from the amount of destruction to that centre, and yet the external symptoms be so slight, is of itself strange; but when conjoined with a similar affection of those appertaining to the left thalamus opticus, the case appears truly remarkable, and would seem to me to create a diversion from the rule that though paralysis is not in ratio to the amount of lesion, yet to have such injury to two motor ganglia and no marked paralysis is certainly an exception, and by no means the rule. Secondly, the length of time the man lived is also strange, twenty days elapsing from the date of hæmorrhage to the day of his death. Looking at the case now, I have no doubt that the stimulation was good and probably prolonged his life, for there was decided improvement in his general condition after it; and it must be remarked that the pulse was not quickened, its volume only increased, nor did repeated stimulation sensibly decrease it. One very important point, however, seems to be gained from this case, and which strengthens Dr. Brown-Séquard's theory of the dissemination and not localisation of cells, and that aphasia does not necessarily have its seat in the third frontal convolution of the left side or the insula &c., for this part of the brain-substance must have suffered seriously in its cell functions, and yet aphasia was not a marked symptom.

Worcester.

LONDON HOSPITAL.—On Saturday, July 15th, it is expected that two cases of diseased femur will be submitted to the operation of subcutaneous osteotomy. In these cases Mr. Maunder purposes to employ the chisel, as he has done in other instances with favourable results.