known it on several occasions to be mistaken for malignant disease. It will remain stationary for a long period, and when it breaks down into pus, the fluid will extend in various directions, backwards towards the loins, almost invariably along the course of the femoral vessels to the extent of four or six inches; while it occasionally breaks its way through the sacro-ischiatic foramen, and forms an immense tumour on the gluteal region. This disease may be said to place life itself in jeopardy, not merely from its magnitude, but from the depressed condition of the system that produces it. In this feature it resembles carbuncle. I will tell you briefly some few particulars of the first case I ever saw. It occurred to a gentleman of advancing age, who first detected the disease while on a journey in Wales. He consulted a surgeon, who reported to his family that his disease was malignant. He consulted a second authority in the west of England, who echoed the opinion of the former gentleman, and advised his immediate return to London. I saw him in consultation with his friend, the late Dr. Rigby, on the day following. Other medical men were present. My reason for entertaining a doubt as to the malignant nature of the disease was based on the fact of its very recent appearance, which seemed to me fatal to the supposition of malignancy. I considered it a prospective abscess, and I gave him bark and good nourishing diet, with wine. In the course of ten days the swelling increased largely, and I thought I felt fluctuation. In the presence of several medical men, and in the confidence of my opinion, I punctured the tumour through the abdominal wall; nothing but blood followed the puncture! I then ordered brandy in place of wine, and turtle soup, and a thoroughly animal diet. In four days I again punctured freely, and evacuated about eighteen ounces of healthy pus. He recovered in a month.

In March last I saw a gentleman, aged seventy-five, with a large tumour in the abdomen, occupying the right side, and extending from the iliac fossa. I was told by the family medical attendant that his patient was the subject of malignant disease, that he had been visited by two eminent physicians (and they were both men of deserved eminence), who had pronounced his case hopeless from this cause. With some difficulty, I convinced his medical attendant that the great probability was in favour of abscess; and, with his concurrence, I gave him large doses of bark, and about a pint and a half of port wine daily. Within one week, at least one-third of the abdomen was swollen and red, and the hand readily detected large fluctuation of pus, of which fact my colleague was as convinced as I was; but his family objected to an operation, and the poor gentleman carried his abscess to his grave. His attendant nurses were confined to the members of his family, and belonged to the amateur class. Such nursing is not very infrequently fatal to life.

ILLUSTRATIONS
OF
IMPAIRMENT OF THE POWER OF INTELLIGENT LANGUAGE,
IN CONNEXION WITH
DISEASE OF THE NERVOUS SYSTEM.

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I CONTINUE the series of illustrations commenced in a former number.

CASE 23.—George C—, aged fifty-one, was admitted in a state of unconsciousness on the 20th of May, 1859. For a year and a half he had clipped his words, and been inarticulate. He often appeared to be drunk, when in reality he had not at all exceeded. Four months before admission he had a “fit,” with numbness of the *left* side of the body, and contortion of the face; but he did not then lose consciousness. He died after an attack attended by unconsciousness. On post-mortem examination, the cranial bones were found to be in a natural state, and the brain was firm and apparently healthy. The cerebral arteries at the base were atheromatous. (117.)

CASE 24.—Charles H—, aged twenty-six, was admitted into St. George's Hospital on Jan. 23rd, 1866. He had had no regular “fit”; but about six days previously he had been affected by giddiness, and two days previously had lost his power of speech. Hemiplegia on the right side had followed, without any fit having occurred. On admission he was hemiplegic, could not speak, and intimated his wishes by movements of the left one. Temperature under right axilla, $103\frac{1}{10}^{\circ}$; in left one, 103° . After death it was thought that in the general white substance of the brain there was a want of firmness; but this was very uncertain. The whole of the basilar artery, and the adjoining quarter of an inch of the *right* vertebral artery, were plugged up and distended by buff-coloured coagulum, which was more or less adherent. The other vessels of the brain were natural. (25.)

CASE 25.—Matthew B—, aged thirty-five, was admitted into St. George's Hospital in 1853 with renal disease. He had had “fits” and other cerebral symptoms. There was no paralysis. The speech had been noticed as being *slow* for some days, and the intellect rather obtuse. On admission he was hemiplegic on the right side; he was unintelligible, and made no attempt to speak. Later on he could understand everything; but his speech remained inarticulate. After death the ventricles of the brain were found very distended, especially the left one, which was three times larger than its fellow. Otherwise the brain was natural.* (109.)

CASE 26.—J. W—, a compositor, was under my private care for pains in the head, &c. There was no paralysis. His most important symptoms were written down by himself as follows:—“From having a strong mental faculty, retentive memory, and accurate spelling of words, &c., in the printing business, I was seized one day suddenly with inaction, not being able to articulate. I remain now very absent. Can converse much better; but hesitate in finding language. Well know what I require; and can attend to the business, as regards general health. Sometimes I write all sorts of inaccuracies. Once again this week was quite paralysed in a desire to explain a matter of business at the office for upwards of half an hour. It then passed off to some extent. I am now uncertain in calculation, and am not at all like a fortnight since you left me. My frequent absence causes me thus to explain to you my case, as I feel much alarmed.” The above remarks were written quite legibly, and in all respects well. I never saw this patient again so as to watch him, and cannot say how the case ended.

CASE 27.—Thomas B—, aged sixty-one, was an outpatient at St. George's Hospital with “general paralysis” of six months' standing, which began with what was termed “thickness of speech,” and frothing of the mouth in speaking. He fancied he lost things, and mistook the names of people and places. The speech was stammering, and soon became more affected and unintelligible. Great tremor of the hands and head came on. After this I lost sight of him.

CASE 28.—A man aged sixty-eight was suddenly seized with loss of speech, but no weakness in the limbs. After two years his articulation was little impaired. He could move his tongue, swallow, and taste well. “His malady, therefore, appears to have been *oblivion* of words, which extended equally to writing as to speaking, but which is considerably diminished since the first attack. The faculties of his mind are in other respects good,” &c.† Dr. Pavy observes of this case: “This example seems similar to what we see every day with regard to persons who understand but cannot speak Latin, French, and other languages. The sound or sight of a word immediately suggests the idea and corresponding word in English; but the converse does not take place.” In connexion with the above remark I would quote the following case:—

CASE 29.—Dr. Rinkenbach‡ relates the case of a soldier who spoke French and German (his native language), and who became hemiplegic on the *right* side and quite lost his speech, the movements of the tongue being quite free. At first, though he apparently comprehended all, he could only say “yes” and “no” (in German). At the end of three

* I have notes of other cases in which it would seem that hemiplegia was due to extensive effusion into the cerebral ventricles. Bonetus, in his “Sepulchretum,” pp. 369, 370, describes such.

† Ibid. p. 542.

‡ See Archiv Gen. 1866, vol. ii., p. 105.

weeks he had recovered the memory of a great number of words, and at the end of two weeks he was able to converse so as to make those around understand him. All this was, however, in German—for he remained, singularly enough, unable to reply to questions in the French language. Eventually he recovered to a great degree the power of speaking also in French. The hemiplegia persisted.

CASE 30.—A man, aged thirty-five, the subject of syphilis, and latterly of convulsive attacks affecting mainly, though not entirely, the left side of the body, was brought into the hospital on February 6th, 1862, in a convulsive seizure, but perfectly conscious. He wrote down what he wished to say, *for he was unable to speak so that people could understand him.* After the attack was over, the left side of the body was found weaker than the right. More convulsive attacks came on, consciousness remaining, and he died on the 23rd. After death syphilitic disease of the cranium and dura mater on the right side was found. The brain was otherwise healthy.

CASE 31.—An unmarried woman, aged thirty, in 1837 lost the use of her left side immediately after a menstrual period, and had two subsequent similar attacks. In April, 1847, she was the subject of "struggling fits," in which the left side was chiefly, if not entirely, affected, and the intellect was seriously disturbed. "Each hemiplegic attack comprised the loss of sensation and of motion on the left side, as also affection of speech." Mr. France relates this case in connexion with the contracted state of the left pupil and other conditions of the eyes.*

CASE 32.—John B.—, aged forty-nine (out-patient), a painter, suffering apparently from lead-poison. It was stated that his illness began with "loss of power of speech," and want of power of the limbs on the right side of the body. Subsequently he was unconscious for three days. When seen he was again quite conscious, but was unable to express himself quite rightly. He became very obtuse in understanding and in talking, and had convulsive attacks, in one of which he died. After death we found the *right corpus striatum* and *optic thalamus* broken down by extravasation of blood. Some blood was also extravasated into the centre of the *pons Varolii*.†

CASE 33.—James L.—, aged thirty-two, was admitted on June 24th, 1863, with fracture of the third, fourth, fifth, and sixth cervical vertebræ, and almost complete severance of the spinal cord at the lower part of the cervical region. He remained quite conscious, but was *unable to articulate*. He had neither power of movement nor any sensibility of the skin in any part below the clavicles. He died two days afterwards. Temperature in axillæ, 103°; in popliteal space, 102°. The brain was not examined.

CASE 34.—Dr. Alison, of Edinburgh, records a case‡ of which I give the following short abstract:—A man, aged thirty-two, intemperate and paraplegic, had epileptic attacks, the last one resembling an apoplectic seizure. Since then his speech was imperfect; partly, perhaps, as Dr. Alison observed, "from forgetfulness of words, as well as from impeded articulation." There was no paralysis; "though the temporal muscle acts in rather an unusual manner, and would lead to the suspicion that the motor branch of the fifth nerve, or that nerve itself, near its origin, was affected. The impediment of the speech would also indicate an impaired condition of the ninth nerve, either in its course, or near its origin. To be sure, the diagnosis was not always clear between forgetfulness of language and actual physical hesitation, depending on diminished nervous power." I will here allude to the suggestion recorded by Dr. Atkinson, in the *British Medical Journal* of October 3rd last, that aphasia resulted from a want in the co-ordinating power of the brain, and that the post-mortem changes were likely to be found, as in locomotor ataxy, in the posterior columns of the spinal cord. Dr. Pavy speaks§ of slowness and hesitation of speech in connexion with paraplegia and epilepsy; and, at p. 519, of inability to speak in connexion with paraplegia; but in the latter case there was disease of cerebral membranes. A case in which, along with paraplegia, the speech was affected, is recorded by Dr. Bristowe in the ninth volume of the *Pathological Transactions*; but

as there was also hydrocephalus, I shall allude further to this case when mentioning cases of interference with speech in connexion with inflammation of the general surfaces of the brain or its membranes, with ague, with poisoning, and with temporary variations of intracranial circulation.

CASE 35.—Arthur H.—, aged two years and a half, out-patient, was said to have had inflammation of the brain nine months previously. For six months he had gradually been losing all power of speech and of hearing, but could quite freely move the tongue. Previously he had had a fall downstairs. No further history.

CASE 36.—Joseph S.—, aged sixty-eight, was admitted into St. George's on March 30th, 1857, for the removal of a small tumour at the right side of the nose. After operation he did well until the 8th of April, when erysipelas came on. From this he recovered, and was going about the ward on the 18th. On the following day he had a kind of fit, during which, although quite sensible, he was quite unable to articulate words. He gradually sank, and died after frequent convulsions. After death much recently-formed fibrine was found in the subarachnoid spaces, covering both cerebral hemispheres, and also, though to a less extent, at the base of the brain. The arteries of the brain were in some places atheromatous. The brain itself was generally softened, but otherwise natural. (92.)

CASE 37.—William M.—, aged twenty-seven, was admitted July 22nd, 1859, having been phthisical for eighteen months. On the night of the 21st he had suddenly lost *all power of speech*, after having had an attack of vomiting and pain in the head. When admitted he was in a speechless state, but apparently understood all that was said. Indications of arachnitis came on, and preceded death, which occurred three days after admission. After death the cerebral convolutions were found flattened, and the ventricles distended, the central white parts of the brain being softened. Much soft fibrine existed beneath the arachnoid membrane, but no tubercle in any part of the brain. Tubercles existed in the lungs and mesenteric glands. (174.)

CASE 38.—Sarah T.—, aged forty-two, was admitted July 23rd, 1859, unwilling and unable to give any account of herself. There was no indication of febrile action going on. One week previously, whilst in good health and vigour, she had suddenly lost speech, no loss of power of any part or strabismus being indicated, and she had continued in this speechless state. On the 27th she had had no sleep, and the pulse was found to be 102 per minute. She became unconscious, and died August 1st. After death the ventricles of the brain were found distended, and the fornix softened. Soft fibrine was found beneath the arachnoid at the base of the brain, corresponding to the third ventricle and the right Sylvian fissure. No tubercle was found in the brain, but much in the lungs. (179.)

(To be continued.)

REMARKS ON THE TREATMENT OF RECENT IRREDUCIBLE HERNIÆ.

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(Continued from page 80.)

I SHALL proceed now to discuss the following proposition:—Whatever may be the condition of a recent irreducible hernia, so long as there is an absence of general symptoms the patient's life is in no danger; herniotomy therefore is not only unnecessary but unjustifiable. It is unnecessary because, as I pointed out in my last paper, the greater number of these herniæ do, after a longer or shorter period, become reducible, and either return spontaneously or by very slight manipulation. It is unjustifiable because it jeopardises the patient's life without any adequate advantage, present or prospective. Let me proceed to illustrate these propositions.

CASE.—I was called up one morning, between twelve and one o'clock, to what I was told was an urgent case of strangulated hernia, and requested to bring my instruments

* See Guy Hospital Reports, 1847, p. 43.

† This case is one of a series which I have collected showing the more unusual pathological appearances in paralysis, especially lesion of the side of the brain corresponding with the paralysis.

‡ See THE LANCET, 1830, p. 497.

§ See "Collections," vol. i., p. 394.