cation of the operation; for with a stone not bigger than a chesnut lithotrity should, as a rule, be adopted; but this proceeding was out of the question when the canal was so contracted and so irritable that it would, in the first place, be almost impossible to introduce a lithotrite without injury, and if the stone could be crushed the fragments would not pass or be brought away without great suffering and danger being produced. Another modification of the operation might be adopted, and at one time he had thought about doing this—namely, cutting down upon a staff grooved in the middle, dividing the stricture, and carrying the finger into the bladder after the manner practised by Allarton; but on second consideration he determined to use the lateral operation, which of course was rendered a little more difficult than usual in consequence of the staff being so much smaller than one ordinarily employs for an adult. He expected to find that the stone was phosphatic, and would break to pieces under the pressure of the forceps—a matter also which always renders the proceeding somewhat difficult.

We have since learned that this patient is making rapid and satisfactory progress.

GREAT NORTHERN HOSPITAL.

In our "Hospital Mirror" for Dec. 9th, 1871, will be found a description of a severe case of *Rodent Ulcer* under the care of Mr. John Gay. We are now able to report that the case entirely yielded to the treatment by large doses of iodide of potassium, which we mentioned at the time was having a most salutary effect. The iodide has been given in doses of half a drachm three times daily, and the patient has got completely well. She is sixty-eight years of age, and the disease had been in progress twenty-two years. At no period of the treatment have symptoms of iodism been induced. We are further informed that there is no reason to suppose that the origin of the ulcer was in any way referable to a syphilitic taint.

THE GENERAL INFIRMARY, LEEDS.

THREE CASES OF WOUNDS OF JOINTS.

(Under the care of Mr. HEY and Mr. JESSOP.)

We are very glad to bring before the notice of our readers the three following cases of injuries to joints which have all terminated favourably. They will be read with great interest by all who perused Mr. Couper's case of injury to the knee-joint which we reported a week or two since. It will be seen that the antiseptic treatment was strictly followed only in the first two cases, but that the result was equally favourable in all of them. The first case was undoubtedly the gravest. Injuries to joints, except as part of very severe injuries, are not common, and we here repeat that we shall be glad to receive details of any similar cases.

We are indebted for the notes of these cases to Mr. McGill, the resident medical officer.

CASE 1. *Wound of the ankle-joint*.—J. B.—, aged thirty-five, was admitted under the care of Mr. Hey on Aug. 2nd. There was a wound one inch long situated over the left internal malleolus; through this wound it could be felt that the malleolus was broken, and that the ankle-joint was opened, the finger passing between the tibia and the astragalus. There was also a small wound on the anterior part of the ankle which did not communicate with the joint. The accident was caused by a block of stone falling on to his leg.

The joint was syringed out with carbolic lotion (1 to 20) and the antiseptic dressing applied with all care in the usual manner. The leg was placed on a swing cage. The antiseptic dressing was continued for a fortnight, by which time the wounds were healed without suppuration. On the evening of the first day the temperature was 100°; it was never any higher, and was normal by the fourth day. The splint was kept on for a month. The patient was discharged with the leg in a plaster-of-paris bandage on September 5th. He is now walking about with a perfectly moveable joint.

CASE 2. *Wound of the knee-joint*.—J. S.—, aged thirty-one, was admitted July 2nd under the care of Mr. Jessop,

with a wound four inches long across the thigh, one inch above the patella; through this the finger could be passed into the joint, and the posterior surface of the patella plainly felt. Round the lower and inner sides of the patella were three other wounds, each about one inch long; no communication of these with the joint was made out. The injury was caused by the patient falling with his knee bent through an earthenware pan.

A back splint was applied. The antiseptic dressing was applied, but the joint was *not* syringed out with carbolic lotion. The antiseptic dressing was continued for eleven days, by which time all the deep part of the wound was healed, and a small superficial granulating surface was left. Twelve hours after the accident the temperature was at its highest, 99.8°; it became normal by the fifth day. The pulse was never above 92. On July 30th the splint was removed. The patient was discharged a few days after; he now walks with a movable joint, without any limp.

CASE 3. *Wound of the knee-joint*.—P. M.—, aged twenty-nine, admitted Jan. 26th, under the care of Mr. Hey, with a small perforating wound below and to the outer side of the patella, through which synovia was flowing. A probe could be passed up into the joint through the opening. The wound was caused by the man falling three feet on to a sharp-pointed iron rod belonging to some machinery in a flax-mill.

A back splint was applied, and the wound left uncovered. After twelve hours, as the discharge of synovia still continued, carbolic acid and glycerine was applied, and was changed daily for a week; no precautions, such as are used in the antiseptic dressing of wounds, were observed. The wound healed entirely in two days. The temperature reached 100.2° on the third day, when there was some effusion in the joint, but became normal two days after. Now (February 11th) the effusion is all gone, the splint has just been removed, and the movements of the joint are perfect. The patient will probably be discharged in another week.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEB. 13TH, 1872.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

ON THE CEREBRAL MECHANISM OF THOUGHT AND SPEECH.

BY W. H. BROADBENT, M.D., F.R.C.P.,
PHYSICIAN TO ST. MARY'S AND THE FEVER HOSPITALS.

THE objects of the paper were stated to be, by means of the light thrown upon cerebral physiology by cases of loss and derangement of speech, to construct a theory of the mechanism of thought and language, and to connect this with the facts of cerebral structure so far as known.

Ten cases were related in the first place, of which the most interesting were—

1. A case of right hemiplegia with loss of speech and writing. The hemiplegia temporary; the loss of speech permanent, except as to a few words mostly used in the expression of feeling; loss of writing absolute. She was, however, able to read; and displayed great energy and resource in recovering the control of her property, of which she had been deprived under the idea that she was imbecile. On post-mortem examination three years after the attack, two apoplectic cysts were found in the upper margin of the fissure of Sylvius of the left hemisphere: one in the posterior part of the third frontal convolution; another further back, the latter involving also some convolutions of the island of Reil.

2. A case of abscess in the left frontal lobe, not affecting the surface of the third convolution or the island of Reil, but involving the white substance of the third frontal gyrus deeply. The order in which the symptoms appeared was—slight paralysis of right face; then incipient loss of speech and writing; a few days later total loss of speech and writing, with right hemiplegia; subsequently partial recovery of speech.

7. A case of congenital aphasia without idiocy in a boy aged twelve, who understood all that was said, could be sent on errands, &c. could write his name, and copy from