There is nearly equal risk, on the other hand, that the incoherence of delirium &c. might be put down as defect of speech. It will, therefore, in discussing the question as to the side affected, be best to choose well-marked and chronic cases. Of course all varieties should receive attention; but there is a practical convenience in studying the subject in chronic and striking cases first. For instance, the following case, under the care of Dr. Barlow, is well marked; and if a few cases like it, except that the hemiplegia was on the left, were recorded, they would be powerful arguments against the views of M. Broca. In cases of injury to the head much valuable information might be obtained, frequently autopsical as well as clinical. Dr. Jackson has now under his care a patient who has lost several square inches of bone on the *right* side of his head. It is quite certain that this patient has disease of the brain also in the same position, as he has hemiplegia on the *left* side. His speech is perfect, but he has double amaurosis. In two other cases of hemiplegia from injury to the *left* side of the head, the hemiplegia was on the *right* side, and in each of those cases speech had been lost for some *months* after the accident, but sight was unaffected.

GUY'S HOSPITAL.

HEMIPLEGIA ON THE RIGHT SIDE AND LOSS OF SPEECH, WITH VALVULAR DISEASE OF THE HEART.

(Under the care of Dr. BARLOW.)

ELIZA G—, aged twenty-two, married, was admitted Oct. 19th. She had always been delicate, and had suffered from many common diseases. At the age of fourteen she had rheumatic fever. Fifteen weeks before admission she lost her speech, and became paralysed on the right side. The attack was very sudden. One morning she left her mother, to whom she had been talking, to go up-stairs. Half an hour after she was heard to fall. Her mother found her lying on the floor unconscious. She was then foaming at the mouth; her eyes were turned up, but no convulsive movements were noticed. It was soon afterwards discovered that she was paralysed on the right side. For about two weeks she continued in a dreamy semi-conscious state, but at the end of that time she began to notice what was said to her. Her friends then found that although she was quite sensible she could make no reply. Up to this time (Nov. 15th) she has remained paralysed on the right side, and can still say only "No."

It is interesting to note that ten weeks after the attack she was delivered, after a protracted and yet natural labour, of a healthy child.

A suspicion of hysteria might cross the minds of some, but the hemiplegia is quite genuine. The muscles of the arm are becoming rigid, and this kind of rigidity is never imitated in hysteria. It is of quite a different kind to that in Dr. Gibb's case, already alluded to. In the same ward, a few months ago, there was a case of loss of speech under the care of Dr. Wilks. The patient was an hysterical young woman, and although she had been speechless and bedridden for two years, she recovered rapidly by a little firm yet kind treatment, no drugs being given. This patient expressed herself by signs and writing readily, and her assumed paralysis was not hemiplegic. The very pureness of the loss of articulate language was strong evidence of its unreality. Dr. Jackson thinks it very doubtful whether the power of expression by words is ever entirely lost without great impairment of the other modes of expression—viz., by writing, signs, &c. Of course, cases of loss of speech from disease of the ninth nerves or their nuclei are here excluded, as also dumbness from congenital or early deafness. Indeed, there is a great contrast betwixt total speechlessness from disease of the brain and that from deafness. In the latter the patients can talk by signs and by their fingers; in the former, by no way whatever. Dr. Barlow's patient can write her name with the left hand, and also a few other words, but with difficulty, and she is evidently disinclined, but, perhaps, from nervousness, to exert herself in this way. As there is in this case valvular disease (loud systolic and diastolic murmurs at the base), as the patient is young, and as the attack was sudden, the probability is that the left middle cerebral artery has been plugged, or, perhaps, some one or more of its branches.

This is the eighth case of hemiplegia with loss of speech admitted into Guy's Hospital since January. In each the hemiplegia has been on the right side; but in the above case only has there been actual evidence of valvular disease. Then, of

course, there have been cases of hemiplegia on the left side, and in none of these has there been loss of speech. The following is an instance of hemiplegia on the left without loss of speech, and as the patient is young and has heart-disease, the probability is that the cause of the paralysis here also is embolism. For the notes of the above case we are indebted to Mr. Wilmot.

HEMIPLEGIA ON THE LEFT SIDE, WITH VALVULAR DISEASE; NO DEFECT OF SPEECH.

(Under the care of Dr. BARLOW.)

Margaret B—, aged fourteen, was admitted about the same time as the above patient. When seven years of age she had rheumatic fever. In this case there is a clear history of fright. It is said that she lost the use of her *right* side at the time of the fright, but she regained it the same day. She next, however, lost the use of her left side, and this she has not regained. When admitted, the left arm and leg were found to be quite powerless, and the tongue and face were deviated. There was no defect of speech of any kind. There is a loud harsh mitral murmur. The general history of this case is not unlike that of chorea, but the child has had no irregular movements.

Nov. 14th.—The patient has steadily improved, first under the use of the iodide of potassium, and subsequently under the use of zinc. She has regained considerable power over the arm and leg; she can use the hand pretty well; and can walk by the aid of the nurse.

The above are the chief clinical features of the case. Our report is condensed from notes taken by the clinical clerk, Mr. Andrews.

Dr. Barlow remarked that it was somewhat striking that the patient Eliza G—, who cannot talk, has now no obvious paralysis of the face and tongue; whilst Margaret B—, who can talk, has more paralysis of the tongue and face than is usual in hemiplegia.

LONDON HOSPITAL.

HEMIPLEGIA ON THE RIGHT SIDE, WITH LOSS OF SPEECH; HISTORY OF RHEUMATIC FEVER.

(Under the care of Dr. DAVIES.)

IN this hospital there have been five or six cases of loss of speech with hemiplegia, and in each on the right side. The following is an instance:—

Amelia H—, aged twenty-eight, admitted Oct. 30th. Five years ago she had rheumatic fever, and was then ill ten weeks; but there was no evidence of heart-disease on admission. Seven weeks before admission, she had, her friends said, "a fit." She did not speak for fourteen days, and *she could not then put out her tongue*. Her friends said that, besides having lost motion on the right side, she had lost sensation. This is very improbable; and when admitted, although the right side was paralysed, there was no loss of sensation in the arm, and but little in the leg. She could then also put out her tongue, and yet could only say "iss" ("yes") and "no." On Nov. 13th she could say another word—viz., "nurse"; and on her discharge on Jan. 21st she could occasionally utter a few other words; the paralysis was also much less, but had not disappeared. The treatment was first by iodide of potassium, and afterwards by strychnine in small doses.

For the notes of this and the following case we are indebted to Dr. Woodman, resident medical officer.

HEMIPLEGIA ON THE RIGHT SIDE; LOSS OF SPEECH SOON PASSING OFF; VALVULAR DISEASE.

(Under the care of Dr. DAVIES.)

In this case, although there was valvular disease, yet, from the age of the patient, it is more than probable that she may have had an attack of sanguineous apoplexy, involving both the corpus striatum and neighbouring convolutions, rather than plugging of the vessel supplying those parts. Then she had had also sore-throat, and it is possible that even if there had been plugging of the middle cerebral artery, it may have been due to syphilitic disease of the coats of the vessel. The case shows, however, clinically, the association of hemiplegia on the right side and loss of speech, with valvular disease. The real nature of such a case must be imperfect without post-mortem examination.

Sarah J—, aged fifty-five, was admitted on the 2nd of August last. She had had rheumatic fever, and also an

"ulcerated sore-throat," which latter had left scars on the tonsils. She was a widow, and had had three miscarriages, and had one living child. Lately she had lost her hair a good deal. There was a systolic and diastolic murmur at the base of the heart.

When admitted, she was paralysed on the right side, but she spoke very well. In this respect the case differs from all those already mentioned. It is the only one published in which the patient spoke well when first seen in this hospital by the recorder of the case. The attack came on with a little giddiness about eight months before, and for six weeks she could not, she said, make herself understood. The stress of the disease, however, had fallen on the limbs, and this made it all the more likely that there had been, not embolism, but an apoplectic effusion, nearly limited to the corpus striatum. The hemiplegia was of the usual form, the face being but slightly affected. There was some rigidity of the arm, and the hand was generally semi-closed. About this case Dr. Woodman noted a curious circumstance. It is well known that in yawning (an involuntary inspiration) a paralysed arm will often rise, and the fingers will extend. Now this patient said that when she sneezed (an involuntary expiration) the hand always closed. The patient has improved gradually, but is still in hospital.

CHOREA, WITH PARALYSIS, AFFECTING THE RIGHT SIDE;
DIFFICULTY IN TALKING.

(Under the care of Dr. HUGHLINGS JACKSON.)

Susan D—, aged ten, was admitted an out-patient on the 17th May, 1864. She first began to be ill with pains in her feet. The joints were painful and swollen; and although the child was in bed only two days, it is most likely that she had a genuine though slight attack of rheumatic fever. The pains lasted about fourteen days altogether, passing from one part to another. Before the pains had quite ceased the right arm "began to work," and next the right side of the face. When she came to the hospital the right side, face, arm, and leg, were affected by movements; and yet there was also considerable paralysis. She talked badly, and had done so for fourteen days. Her mother said that she could not utter her words plainly, and "made a foolish noise." She looked silly, but her mother said she was quite sensible. There was no stethoscopic evidence of cardiac disease. She seemed to be healthy, and her mother affirmed that until the illness—that is, before the pains in the limbs—the child had been very strong. Three drops of Fowler's solution were ordered to be taken three times a day.

Dr. Jackson saw no more of her until June 28th. She had got worse, and had therefore been taken to another medical man, who, not knowing that Dr. Jackson had already seen her, sent her to him at another hospital as an interesting case of defect of speech, with one-sided chorea and paralysis. Her speech was much worse. There was less movement of the limbs, but then they were more paralysed. The left side was quite sound, and she used the left hand to hold the right arm still. In walking she dragged the right leg very much. She never came again.

Now there is a difficulty about the bad talking in chorea. Many would consider it to be due to the irregular movements of the tongue and lips, and therefore to be simply a defect of articulation from want of power in the muscles of these parts. Again, although (Dr. Jackson says) it occurs most often with chorea affecting the right side, it undoubtedly occurs with chorea on the left. Then there are other difficulties. Chorea is rarely quite limited to one side, although generally one is worse than the other; and as the right is the one most often affected, it is not so easy to study by numerical calculation the relations of the difficulty in talking to one particular side, as in cases of ordinary hemiplegia. Then, on the other hand, physicians are not agreed even as to whether the spinal cord or the brain be the seat of the disease, producing or allowing the movements. As, however, the affection is often quite unilateral, and as the face as well as the limbs are affected, it is certainly, for anatomical reasons, most likely that it depends on disease of the brain. Strong arguments in support of this view have recently been put forward by Dr. Handfield Jones in his important work on Functional Diseases of the Nervous System. When we further consider that unilateral chorea so often degenerates into actual hemiplegia, and that it is frequently associated with disease of the heart (putting on one side the defect in talking), it is, Dr. Jackson thinks, at least plausible that the cause may be limited to softening of the brain from embolism of some branches of one or both middle cerebral arteries. The fact that it is developed by fright may appear to negative this idea.

But fright, if it produces chorea, must do so by causing some structural alteration. It is difficult to conceive that fright can produce disease limited to *one* side of the brain, and the disease must be at least chiefly on one side in hemiplegic chorea. It seems likely, Dr. Jackson submits, that in chorea—in hemiplegic chorea at least—there is first softening, and that mental emotions can thus easily develop the movements in the muscles of the side related to their diseased centres; in other words, that fright produces chorea in those persons only who have defective nutrition in the brain, or in some part of it. One thing is quite certain, that a clinical gradation may be traced between unilateral paralysis, unilateral chorea, and unilateral epileptiform seizures.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

NOVEMBER 2ND, 1864.

DR. GREENHALGH, VICE-PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows:—Dr. Wm. Aitken, Madras; Mr. Benson Baker, Islington; Dr. Robert Jackson, Notting-hill-square; Mr. Llewellyn Powell, Christchurch, New Zealand; Mr. Wm. Quarrell, Sidbury, Worcester; and Dr. M. W. Turnbull, Melbourne, Australia.

Dr. GERVIS exhibited the

BLADDER, KIDNEYS, AND URETERS

removed from a child who died at the age of five weeks. The bladder was thickened, the ureters dilated to the size of the finger, the pelvis of the left kidney greatly distended, and the structure of the kidney itself very thin. After birth there was no apparent difficulty in micturition.

Mr. FRED. F. JAY, of Pulham-Mary, Harleston, Norfolk, showed a specimen of

DOUBLE MONSTROSITY.

The children, both females, were joined together by the sides of the thorax and abdomen. They were in other respects perfectly formed. The labour was not attended with any great difficulty. They were born alive, but died in a few minutes. There was but one cord.

Dr. ADOLPH RASCH exhibited a

VAGINAL DOUCHE.

It consists of six feet of strong india-rubber tube, made heavy on one end by a hollow piece of lead, and having at the other an elastic bougie with several holes in the bulbous end for introduction into the vagina. The instrument acts as a syphon; and the only but important point for which Dr. Rasch claims some credit, is the very simple way of establishing the flow through the tube. This is done by immersing about two feet of the tube, along with the leaden end, in a vessel containing water, whereby this part of the tube becomes filled with water. It is then lifted over the brim, and the vessel being placed on some elevated article of furniture, the fluid at once escapes on the well-known syphon principle. Having no complicated structure, it cannot get out of order. The force of the stream is, of course, regulated by the height from which the fluid is made to flow. The instrument was made by Mr. Evan Lewis, of the City-road.

Dr. J. BRAXTON HICKS showed an

ANENCEPHALOUS MONSTROSITY.

The monstrosity was one of twins. Its delivery could not be effected until the cord was divided, owing to the shortness of the latter. The cord was cut through above the brim of the pelvis.

Dr. GREENHALGH and Dr. BRAXTON HICKS presented a report on the specimen removed by Mr. Baker Brown by the operation of ovariectomy. After giving a complete account of the general and microscopical appearance of the tumour, they conclude by stating that it was a specimen of that form of disease recently designated adenoma of the ovary.

ON THE MANAGEMENT OF THE THIRD STAGE OF LABOUR.

BY DR. HENRY EASTLAKE,

PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL, ETC.

This paper consisted of an historical, analytical, and critical dissertation on the subject. Having briefly described the opinions which existed amongst the accoucheurs of times gone by, the author proceeded to give an account of the modern