

Reports" three cases—quoted in the last volume of "Ranking's Abstract"—of disease of Broca's convolution on the right side, without any defect of speech of any kind.

The almost constant association of loss of speech with hemiplegia of the *right* side has been discovered three times independently—viz., by M. Dax, by M. Broca, and by Dr. Hughlings Jackson. So that, admitting that an exceptional case ought to have very great weight, and with great deference to the "theory in possession," the *clinical peculiarity* cannot be dismissed as a point of no importance.

A man, forty-nine years of age, had a fit on the evening of the 1st of May last; and, according to his wife, the right side of his body was convulsed, and not the left. He came round, she said, in half an hour, but could not speak, and was found to be paralysed on the right side. From that time it is doubtful whether he ever spoke any word but "yes" to his death on June 29th. There is little to say about the progress of the case. The patient never said anything, and never made any signs. He kept his bed until his death. He passed his urine and motions under him.

The patient was, however, not unconscious, as he ate and drank greedily for some weeks, and would utter the word "yes." As, however, he uttered it whenever anyone spoke to him, this fact is not contradictory to the statement that he never said anything, for from his mouth the utterance carried no meaning. He had never been able to write; but, when a pencil was offered to him, he took it and scrawled marks on paper as a baby might do. His right arm became rigid; bending it gave him pain, and this caused him to grin and cry out "Oh!" One of the patients told Dr. Jackson that the poor fellow once said "nurse."

The last few weeks of his life the man took less food, became emaciated, and gradually sank exhausted. For some of the facts of the report we are indebted to Mr. Colquhoun, late assistant medical officer.

The autopsy was made by Dr. Hughlings Jackson and by Dr. James Jackson, the resident medical officer. A large dark clot lay in a cavity of softened brain extending from about an eighth of an inch in front of the corpus striatum to the front wall of the middle cornu. The lateral ventricle was not opened, but the intra-ventricular part of the corpus striatum had been a little undermined towards its centre, and the thalamus to a great extent. The clot did not extend into the crus cerebri.

Before the above examination was made the pia mater had been taken off and the convulsions observed. The insula looked yellow, and getting off the pia mater tore through into the yellowish softened cavity of the clot. The brain was softened and discoloured up to the grey matter of a great many folds, including the posterior half of the third frontal, lower part of the transverse, the parietal, and part of the second frontal, as well as much of the floor of the fissure of Sylvius. The right side of the brain was firm and perfectly healthy. The medulla was healthy.

The convulsive seizure is, Dr. Hughlings Jackson thinks, a symptom of great interest, especially as showing the loose meaning of the word "epilepsy." It is sometimes discussed whether epilepsy causes cerebral hæmorrhage or cerebral hæmorrhage epilepsy.

### ST. BARTHOLOMEW'S HOSPITAL.

#### UNUNITED FRACTURE OF THE HUMERUS; EMPLOYMENT OF BICKERSTETH'S PROCESS FOR PROMOTING UNION OF THE FRAGMENTS.

(Under the care of Mr. PAGET.)

THERE is probably no event more annoying to a surgeon than to find, after every apparent care has been devoted to a case of fracture, that the fragments have failed to unite. This accident is not, happily, of frequent occurrence. Lonsdale found that of 4000 fractures treated at the Middlesex Hospital only four or five refused to unite. Liston met with one only in his own practice. Norris did not meet with one case out of 946 fractures. (See Holmes's System of Surgery, vol. i., p. 793.) So that probably we may allow one failure of union for about every 1000 cases of fracture. The most common cause of non-union is thought to be motion between the fragments. That this is a likely cause must be evident to everyone. But, considering the large number of simple fractures which must necessarily be badly treated, and the very small percentage of failures, it is tolerably certain that the large majority of broken bones will unite even under such disadvantageous cir-

cumstances, and that we must look for some superadded cause when union fails to take place. Such a cause may be found in constitutional debility from old age, pregnancy, lactation, syphilis, fevers, general cachexia, and above all probably from scurvy. Or local causes may be present. There may be inflammation of the soft parts, paralysis, or obstruction to the circulation from tight bandaging. In the case which we are about to relate, Mr. Paget pointed out a probable local cause which it is worth while to remember, as a misfortune of the kind may very likely be prevented by attention to the circumstances.

Two cases of ununited fracture are at the present time in St. Bartholomew's Hospital under Mr. Paget's care. A Welshman, thirty-one years of age, broke his left femur about the middle twelve months ago. He was in Wales at the time, was treated by a surgeon, and laid up in bed for four months. There was no union. He came into the hospital to see if anything could be done for him; but he has hitherto declined to submit to an operation. It is curious to see how little comparative inconvenience he suffers from his deformity. He has a femur broken in half, with absolutely no union (so far as can be determined) between the fragments; yet, when asked to walk, he gets nimbly out of bed, seizes a stick with his right hand, and traverses the ward with considerable ease. He can lift his leg forwards and backwards, and in walking he places the foot fairly upon the ground. No doubt the weight of the body is mainly distributed between his sound leg and the stick; but he does not hop, and, without a knowledge of the circumstances, it would be impossible to imagine the actual condition of his left limb. We observed that when using the leg, the great muscles of the thigh became more than usually rigid. They appear indeed, as Mr. Paget remarked, to act as temporary splints; and as the fracture is probably transverse, the bone is in this way capable of bearing a certain amount of weight in a direction exactly downward. The other case was operated on last Saturday. The patient is a Deal boatman, who broke his right humerus nine months ago in two places—below the insertion of the deltoid, and above the condyles. The upper fracture is repaired; but between the fragments of the lower one there is no union. It was for this condition that he came into the hospital. The patient is just such a hearty-looking fellow as we might expect to find in one of his craft.

On Saturday, the man being under the influence of chloroform, and his arm laid upon an obtuse-angled wooden splint, hollowed out to receive and steady it, Mr. Paget first carefully examined with his fingers the position of the fragments. So far as he could determine, the fracture was slightly oblique, but there was probably not more than half an inch of overlapping. By a little dexterous manipulation, he contrived to coax the fragments into a desirable position, the upper end of the lower portion lying upon the lower end of the upper. His object was so to arrange them that a hole might be drilled through the bones, and a stout wire passed through so as to pin them together. All being ready, he passed a narrow-bladed knife down to the nearest bone, in a direction from below upwards and backwards. The knife was then withdrawn, and a common archimedean drill introduced in its place. By means of this he bored a hole through the two fragments, and then passed into this a stout iron wire three inches or so in length. The upper end of the lower fragment was very fairly pierced, Mr. Paget remarked, but he did not think that the lower end of the upper one was so happily transfixed. It was, however, certainly caught, and the fragments thus connected. The plan pursued was that recommended by Mr. Bickersteth, of Liverpool, in a paper which he read before the Royal Medical and Chirurgical Society (see THE LANCET, March 19th, 1864, p. 325). It is a modification and probably an improvement upon Dieffenbach's operation, which consisted in introducing ivory pegs for the purpose of exciting ossific deposit. Mr. Bickersteth's plan conjoins with this the happy feature of securing immobility to the fragments. In some cases treated in this way by Mr. Bickersteth the results were very satisfactory.

What was the cause of non-union in this hearty boatman's arm? Mr. Paget thought that the accident might be traced to these two influences. In the first place, he pointed out that in such a fracture as this the middle fragment is at a great disadvantage. It is cut off above from the nutrient artery of the bone, and below from the vascular supply around the joint. It is, in fact, isolated from a free supply of blood. In the second place, during the splint-treatment of such an accident, the elbow-joint becomes stiffened, and, when the splints are removed, as the joint does not readily yield, an amount of strain is exerted upon the newly-formed osseous substance which it is unable to bear without giving way. There is an

attempt to bend the arm; flexion will not take place at the rigid joint, and so it tends to occur at the weak point above. The inference of course from this is that, after such accidents, more than usual care and patience are required in gradually resuming the movements of the forearm.

We shall watch this interesting case, and note the result after a suitable interval.

## Medical Societies.

### MEDICAL SOCIETY OF LONDON.

MONDAY, NOV. 12, 1866.

DR. C. J. HARE, PRESIDENT.

Mr. J. W. BARNES mentioned a remarkable instance of recovery after fracture and partial dislocation of the cervical vertebræ, and also exhibited the patient to the Society.

Mr. W. ADAMS stated that he saw the patient within a few months of the occurrence of the accident, and had examined him several times since. Rather more bone is now deposited at the seat of fracture than there was when he first saw him; but pressure at the fourth and fifth cervical vertebræ now causes the man to feel giddy and to drop, though less readily than formerly, and he (Mr. Adams) therefore thought that there still remained some movement of the parts fractured. It was evident that in this case there had been some suppuration at the seat of injury, which was an unusual circumstance in cases of similar accident. A remarkable circumstance, too, was the absence of paralysis, the possibility of such absence being due to the large size of the vertebral canal at this part compared with the size of the cord. The loss of movement of the atlas and axis probably showed that these bones were involved to some extent in the accident. He complimented Mr. Barnes on the exceedingly judicious treatment adopted, to which had been due the patient's recovery.

Mr. DE MÉRIC suggested whether the immobility of the atlas and axis might not in this case be due to the abscess referred to having involved the ligaments and muscles connected with these bones, rather than to disease of or accident to the bones themselves.

Mr. EBSWORTH gave to the Society three very interesting specimens, though not of a specially medical character. They were portions, about five inches long, of the Atlantic Telegraph Cable of 1865, recovered from the bed of the ocean; a similar piece of the Atlantic Cable of 1866; and also of the Mediterranean Telegraph Cable. The President, in conveying to Mr. Ebsworth the thanks of the Society, offered to provide a glass shade and stand for the specimens, so that they might be always available for the inspection of the Fellows.

Mr. DE MÉRIC read a paper on

#### THE SEQUELÆ OF SYPHILIS.

The author stated that his attention was attracted to such phenomena as might be considered sequelæ of syphilis, by observing acute or chronic complaints which befell patients of his who had passed through the stages of lues venerea. From carefully noting the circumstances of these cases, which had all occurred in his own practice, he concluded that it is a mistake to consider most diseases attacking syphilitic patients as being directly dependent on the venereal taint; and he thought, moreover, not only that such diseases had nothing to do with the syphilitic poison, but that their course was uninfluenced by it. He was far, however, from favouring confusion, and would carefully separate from these supposed sequelæ the cerebral or hepatic disturbances which depend on syphilitic deposits. These disturbances and their causes were, in fact, part and parcel of the disease; and should be carefully distinguished, for example, from typhus, diabetes, or phthisis, to which syphilitic patients might fall victims. Strictly speaking, there are no *sequelæ of syphilis*, as are seen after scarlet fever or measles, all the actual phenomena of syphilis being referable to one or more of its three stages. Mr. de Méric's cases were obtained from his public or private practice, the paper being thus strictly clinical. Brief outlines of the cases were given, and included acute complaints, as typhus, articular rheumatism, cerebral disturbance, and tetanus. The chronic diseases alluded to were diabetes, phthisis pulmonalis, struma, and cancer. In the course of the paper, Mr. de Méric had occasion to allude to a valuable French work of M. Yvaren, of

Avignon, called "The Metamorphoses of Syphilis." Whilst rendering full justice to the author's labours, Mr. de Méric stated that he could not subscribe to M. Yvaren's proposition, that syphilis, lurking in the organism of patients, often took the garb of complaints affecting the nervous system, the mucous and other tracts, or the organism in general, a complete *metamorphosis* then taking place. Mr. de Méric's cases, and the arguments adduced, showed that this proposition was untenable. The only doubt remaining on Mr. de Méric's mind concerned the apparent transformation of syphilis into *cancer*, which transformation was rendered pretty likely by two cases in his own practice.

The PRESIDENT, in inviting discussion upon the paper, briefly recapitulated and commented upon some of the chief points it referred to, and which might admit of differences of opinion; and especially alluded to the question as to how far some of the "sequelæ" mentioned by the author should be considered as *results* of the syphilis, or merely as conditions accidentally supervening in persons who had been the subjects of the disease in question.

Mr. WEEDEN COOKE could not altogether agree with the author as to syphilis producing in a *direct* manner the sequelæ mentioned. It causes a kind of decay of the system, and so predisposes the body to the occurrence of the affections named; or, if the affections occur in any individual, the syphilis, if present, intensifies such diseases. The treatment adopted for the syphilis sometimes modifies the sequelæ, and mercury does so by increasing the decay of the body. He thought it was best to allow any eruptions which occur from syphilis to run their course, at the same time building up as much as possible the general tone of the body.

Mr. EBSWORTH attributed the sequelæ to the bad and low condition of the system produced by the syphilis, especially amongst the poor, and urged the importance of and benefit derivable from a residence at the seaside, and the use of acids and bark, which together aid the system in throwing off the syphilitic taint.

Mr. HENRY LEE, with reference to the transition of syphilitic into other forms of disease, mentioned, amongst other illustrative cases, one in which an indurated syphilitic growth at the back of the vagina became cancerous. He had also met with an instance in which trismus had been caused by syphilitic disease of a portion of the cranium, and the trismus ceased when the bone was removed; but this was probably an example of ordinary reflex action, and not due to the specific nature of the bone affected. Mr. Lee held that the cutaneous manifestation of syphilis might be advantageous in preventing the internal organs being affected, and that probably "syphilisation" and the "calomel bath" (of which latter he thought very highly) acted in this manner.

Mr. NUNN urged that, before any practical results could be arrived at, it was necessary to analyse the results as regarded syphilitic cases when they were divided into two classes—those treated with and those treated without mercury; and the cases analysed should be numerous. He had treated cases non-mercurially for several years past, and most certainly where there was any strumous taint mercury should not be employed.

Mr. LANE felt sure that there was at the present day too much tendency to attribute various diseases and affections to the syphilitic taint, especially struma: in many such cases the disease was merely connected with syphilis, as a cause, in consequence of the general debility which the latter might have induced. Out of many post-mortem examinations he had made in which the external manifestations of syphilis had been severe, in very few had he found visceral signs of the disease. In certain cases of the disease mercury might be looked upon as a tonic.

Mr. WALTER COULSON related several cases which illustrated points referred to in Mr. de Méric's paper. The first was that of a patient (exhibited to the Society some time ago) who had been treated for syphilis without any mercury, and a large portion of whose frontal bone came away. Another was that of a gentleman, who, treated without mercury, had secondary symptoms soon after the primary chancre, and subsequently became completely crippled from rheumatism; but under appropriate treatment was enabled to rejoin his regiment, a node which had formed on one shoulder having also disappeared. A few months ago another very large node appeared on the forehead, but disappeared under iodide of potassium and purging. Then he had pains in the head, ptosis, and other severe symptoms, for which he is now taking twenty-four grains of iodide of potassium three times a day, and is improving. Under small doses, tried for a short time, he got worse. A case of syphilitic