

of the thigh. The pain extended downwards in the course of the large sciatic nerve. He felt stiffness in the hip-joint on attempting to raise his leg.

He was admitted into St. Bartholomew's Hospital on the 14th of April. The swelling on the thigh was rubbed with some ointment, and warm baths were used, but at the end of a month the man was discharged to see what a change might do to disperse the swelling. Finding himself getting worse, at the end of ten days he reapplied for admission into St. Bartholomew's Hospital, but without success; and he then came to the Royal Free Hospital, and was admitted on the 10th of May.

Mr. Gant immediately drew off eight ounces of pus by measure from the left ischio-rectal fossa, the patient being told to bear down in order that the action of the levator ani might completely empty the fossa, from which the matter then spirted freely. On introducing the finger into the rectum, a thin spot was felt in the bowel, about two inches and a half from the anus; and the operation for fistula in ano was performed, Mr. Gant dividing the bowel and sphincter with his "concealed fistula-knife," an instrument which is at once a protected knife and a director. A sinus was discovered running in the direction of the urethra as far as the bulb; and this sinus was laid open. A third sinus was found, which ran upwards and backwards to the left tuberosity of the ischium, where the probe touched dead bone; but further operative proceedings were postponed until the man's general health had improved. The incisions which had been made healed soundly, but the sinus referred to remained. Mr. Gant laid this open to the extent of six inches, when the whole of the tuber ischii was found necrosed, and also a considerable portion of the rami of the ischium and pubes. These portions of bone were carefully removed by dissecting close to the bone, and finished off with the gouge. The large sciatic nerve was felt under the finger, and the hæmorrhage was arrested by cold-water dressings. No bad symptoms ensued, excepting partial retention of urine within a day after the operation, and for which the catheter was passed daily for three weeks.

The wound gradually healed from the bottom, and has left a firm cicatrix. The patient's general health has much improved, and he was discharged from the hospital on the 11th of October as an out-patient.

## CLINICAL RECORDS.

### HEMIPLEGIA WITHOUT LOSS OF CONSCIOUSNESS.

On the 28th October, we were shown a case of hemiplegia of the left side of the body in the Charing-cross Hospital, under Dr. Willshire's care, which possesses some points of interest. The patient is a coalheaver, aged forty-seven years, who has hitherto enjoyed good health. On the morning of the 18th ultimo, whilst eating his breakfast, he found he could not use his left leg and arm, and that his speech was affected. He was brought to the hospital half an hour afterwards, and was carried up-stairs and put in bed. His consciousness had remained unimpaired throughout. He had not been unduly exerting himself lately, nor on the morning of the attack. He was ordered a blister to the nape of the neck, and was put upon an ounce of the nitrate of potass mixture three times a day; and now the symptoms are slowly and gradually giving way, so that he can draw up his leg in bed and move his arm about. These movements are, however, slowly performed, but there is no rigidity. The mouth is, of course, still drawn to the affected side. His pulse is a slow and feeble one, and the heart's action is of the same character; it is most probable that it is fatty, with atheromatous deposits in the vessels, judging from the man's personal appearance.

The interest of the case lies in the pathological state which has given rise to the hemiplegia. Has there been a rupture of a small vessel, and the pouring out of a little blood in the right corpus striatum and thalamus opticus?—or has a vessel become plugged up by a shred of fibrine, and so interfered with the nutrition of any given part of the cerebral substance, and thus produced white softening? These are questions that cannot at once be answered; but the probability is in favour of moderate sanguineous effusion in the striated body, which has not been of sufficient extent to produce the graver symptoms of hemiplegia. If we were disposed to venture an opinion, we might say there has been some capillary bleeding, which has not gone so far as to produce a clot, has therefore not interfered with consciousness, and has become readily amenable to treatment. Probably associated with this may be a certain amount of white soften-

ing. The rapid improvement of the man's condition, and the absence of rigidity or of wasting of the muscles, would seem to indicate that the cerebral lesion is slight.

### HEMIPLEGIA, WITH MUSCULAR RIGIDITY AND CONSCIOUSNESS.

At the present time there is a case of hemiplegia, under Dr. Farre's care, at St. Bartholomew's Hospital, which presents features similar to those in the foregoing instance, in there being a palsy of one side of the body, coming on without loss of consciousness. The attack is, however, associated with rigidity of the affected leg.

The patient is a young woman, twenty-five years of age, the mother of two children; her eldest died two years ago; the youngest was born four months since, and was suckled six weeks only, as she had no more milk for it. Whilst suckling she was much exhausted, was pale, and felt a dragging sensation in the breast. She continued weak for some time, felt faint, but never giddy. On the 24th of October she was hanging up some clothes, when she fell down from loss of power; she was carried into the house and put to bed. The whole of the right side was paralysed, the arm flaccid, and the leg quite rigid; consciousness perfect throughout. When she was admitted into the hospital on the 27th, in addition to these symptoms, there was much pain in the head. Four leeches were applied, but without relief; five grains of calomel were given, with a senna draught, and this produced a copious dark motion on the 28th. This was repeated, and a watery but dark motion passed on the 29th, with considerable relief to the pain in the head. Cold lotions were applied to the head, and three grains of iodide of potassium were ordered in peppermint water three times a day; the diet to be light. Of the result of the case there would seem to be little doubt, as the prognosis seems favourable for recovery from her present attack. As, however, there was no stertor nor loss of consciousness, the absence of pressure on the brain is indicated; and most likely the condition giving rise to the symptoms is white softening, with sudden interruption in the continuity of the white fibres, with probably some small clots, too small to produce pressure, and yet sufficient to give rise to some irritation, which has occasioned the rigidity in the muscles of the leg. This patient is young, and does not seem badly nourished; on the contrary, the face has a plethoric appearance. We will refer to this subject again.

### THE MALE BREAST AFFECTED WITH CANCER.

CANCER in males occurs about once to eight or nine times in females. Taking the Report of the Cancer Hospital for 1856, there is noted 183 males against 950 females. The varieties in the parts affected were noticed amongst the patients of the male sex at this hospital on the 30th August to be—Cancer in five cases of the lips, two of the cheek, two of the nose, one of the lower eyelid, two of the tongue, one of the tonsil, one of the back, one of the arm, one of the rectum, and two of the breast—in all eighteen patients.

Of the two examples of disease of the breast, one was that of a man, forty-five years of age, under Mr. Cooke's care, with a scirrhus nodule in his left breast, noticed for four years. It was movable, and at first almond-shaped, but was now smaller and rounder. It had become reduced in size, not by any particular treatment so much as by non-interference. The other individual, aged sixty-seven years, had the right breast affected for some years with scirrhus, which at first produced enlargement of the gland, and was then followed by the atrophic diminution witnessed in females. The greater part of the gland has now become absorbed, but a distinct lump is felt below and to the right of the nipple. The disease is kept stationary, the general health is good, and no uneasiness is experienced. These two patients are free from suffering.

## Provincial Hospital Reports.

### NORTH STAFFORDSHIRE INFIRMARY.

#### LITHOTOMY IN CHILDREN.

(Communicated by Mr. CHARLES PARSONS, House-Surgeon.)

CASE 1.—May 1st, 1859.—Jeremiah V—, aged five years, was admitted into the Infirmary for the purpose of undergoing the operation of lithotomy. He was a healthy-looking child. The lateral operation was performed on the 21st of May by

Mr. Walker. The stone extracted was about the size of a medium walnut, and weighed five scruples. Symptoms of peritonitis appeared for a few days after the operation. The patient, however, soon rallied, and on the fifth day passed urine by the urethra. He convalesced without any bad symptom.

CASE 2.—C. P.—, aged two years. The second child in the same family that has suffered from calculus in the bladder. The lateral operation was performed by Mr. Garner on the 18th of June. A lithic acid calculus, about the size of a large pea, was extracted. Some slight hæmorrhage from the front part of the wound followed for a short time afterwards. Speedy union ensued, and the child never passed urine but by the urethra. He left the hospital quite well on June 24th.

CASE 3.—George W.—, aged three years, a healthy-looking child, but suffering slightly from whooping-cough. The lateral operation was performed by Mr. Folker on the 6th of August. A lithic acid calculus was extracted,  $1\frac{1}{4}$  in. long,  $\frac{7}{8}$  in. broad, and  $\frac{3}{4}$  in. thick. The patient passed urine by the urethra on the seventh day, the wound was perfectly healed on the twelfth, and he convalesced without any bad symptom.

## Reviews and Notices of Books.

*A Practical Account of General Paralysis, its Mental and Physical Symptoms, Statistics, Causes, Seat, and Treatment.* By THOMAS J. AUSTIN, M.R.C.S. Eng., lately Medical Officer at Bethnal House Asylum, London. pp. 225. London: Churchill.

WHEN a medical man depends upon his own observation of disease, and upon the judgment he himself forms of its significance, he is apt to call himself, *par excellence*, a practical man; and if he writes, he calls his work a practical treatise. It is, however, a singular fact that these practical men are generally more theoretical than those who modify their observations and temper their opinions by giving some amount of attention to the labours of others. It is to be regretted that Mr. Austin has thus restricted himself to the field of his own vision, in the production of a work where due reference to the labours of Calmeil and others who have wrought in the same vineyard would have enabled him to lay before the profession a complete and satisfactory monograph on a disease which is at present very little understood, and which is very frequently overlooked. Throughout his book, Mr. Austin does not make a single reference to any other writer—an omission which the practical man may regard with “*the reverse of sardonian laughter*,” which the author considers to be one symptom of the disease of which he treats, but which we look upon as rather ungracious to the earnest investigators of this malady who have preceded him. One reference, however, is made, not to the writings, but to the experience, of the late Mr. Phillips, of the Bethnal House Asylum, who, in some persons with whom he was accidentally brought in contact, at a period before any other symptoms of paralysis had shown themselves,

“*Remarkd a very singular circumstance—the contraction of the pupils to a point, and the complete and permanent destruction of their mobility, without, so far as he could ascertain, any diminution of visual power. As this phenomenon occurred principally in young, blue- or grey-eyed men, the appearance of the eyeball was very remarkable, from the mass of exposed light-coloured iris, unrelieved by the dark pupil.*”

And the observation, if correct, is undoubtedly of great importance. To this novelty the author adds some observations of his own on the state of the pupil, which are indeed remarkable:—

“*I have become daily more convinced, from what I have daily witnessed, that depression of spirits and melancholic delusions are associated among general paralytics with affected right pupil; and that elation, or grand or pleasurable fancies, are associated with affected left pupil. Where the pupils are slightly and equally affected, I have observed no delusion at all; and with equal and signal pupillary implication, alternating or mixed delusions. When both pupils have been evi-*

*dently affected, but one rather the more so, mixed or alternating delusions have been usually remarked, with a predominance of delusion, however, corresponding with the more implicated pupil. When the right pupil has been the more affected, the general tone of the delusions has been melancholic; and with a more implicated left pupil, their usual complexion has been elated, and their colouring gorgeous.*”

In a “*tabular view of 100 unselected cases, showing the coincidence of affected right pupil and melancholic delusion, of affected left pupil and maniacal elation, and of slight and equal pupillary affection and freedom from delusion,*” there are only two exceptions to the rule, which, thus so firmly established, the author regards as “*hardly requiring corroboration.*” But the climax is found in the crucial instance of alternating affection of the pupils: “*The rare instances of the pupils alternating at short intervals (two or three days) in a most remarkable manner confirm the opinion. The spirits and ideas alternate in company with the irides.*”

The rule, moreover, is applied to cases of insanity without paralytic complication; in recurring mania, the author has often remarked the right pupil to be the larger while depression lasts, and the left pupil enlarged during the period of elation. We know nothing in science like this, unless it be that Dutch weather-guage which sends the little man out of the house in rainy weather, and the little woman out of the left-hand door when the sun shines. It confirms the old superstition respecting the prognosis derivable from itching of the eyes, which says, “*Right eye, cry; left eye, joy.*” We are, however, sceptical as to the fact, that joyous and sad emotions are located on separate sides of the body, or that they can at all be diagnosed through differing dilatations of the pupils. In spite of the convincing table, we must avow that our knowledge of the fact *does* need corroboration, and that, in fact, it is *in statu pupillari*.

The most valuable chapter in the work is the one containing a series of cases and autopsies, which are reported with painstaking care. The autopsies appear to us to support no view more narrow than that, in general paralysis, the whole of the brain is found in a state of defective nutrition, anæmic, waterlogged, and softened. The author, however, in the subsequent chapter on Pathology, attempts to localize the mischief to the neighbourhood of the thalami; and it is curious to observe how, in this practical treatise, the simple facts of post-mortem appearance are interpreted by theory:—

“*The most frequent causes of the malady are, an acute susceptibility to, and an intolerance of, moral pain. .... As the thalami are the original seat of the disease, so they are likewise the centres in which arise all sensations of pleasure or pain. As moral acts are, in the majority of minds, by far the most keen causes of pleasure or pain, it is not surprising that the parent ganglia of these emanations should be especially influenced by moral emotions, and that in extreme cases of protracted agony (and perhaps ecstasy) they should be overpowered and become disorganized. According to these views, the appropriate designation of these great central ganglia should be ‘thalami pathemici.’*”

The middle term of the argument, connecting the almost constant changes found in the thalami with the moral causation of the disease, is found in the revelations of the dilated pupil:

“*I have now to consider the relation of the site of the thalamic change to the mental symptoms of the disease. From the coincidence of affected right pupil with mental depression, and of affected left pupil with elation, I draw the conclusion that the ganglia of pleasure and pain are on different sides of the encephalon. A chain of reasoning of which these facts are the premises, and the revelations of early autopsies, have led me to the further conclusions,—1st, that the right thalamus is the ganglion of natural painful, and the left thalamus that of healthy pleasurable, emotion; 2nd, that the marked melancholic and elated mania, so characteristic of general paralysis, are the results of morbid changes respectively in the right and left thalamus; and, 3rd, that disease of these great central ganglia is to be regarded as the primary physical cause of the malady, as the focus whence disorganization or degeneracy spreads to the adjacent ganglia and commissures. The results*