

healed by lotions; now healing much more rapidly under paste.

J. H.—, aged thirty-four. Large leg ulcer, three years; partially healed under a lotion consisting of dilute nitric acid and opium; then came to a standstill; now healing under paste.

There have been two cases of general ulceration from want of food, and several cases of syphilis, which it was not thought advisable to treat with the paste.

There are certain unusual conditions which arise under this treatment which are worthy of notice:—

1st. Islands of skin or cicatricial tissue arise in some cases in the centre of the ulcer, as well as from the circumference.

2nd. There is for some days after applying the paste a large increase in the ulcer secretion; this afterwards becomes normal.

3rd. The remedy is a painless one.

4th. The cicatrix has a peculiarly healthy, strong appearance.

That it is not the rest in bed, nor the pure air of this locality, nor the regular diet and cleanliness, alone, because, useful as all these are, we have not found unusual results with other systems of treatment. The cases we get in workhouse practice are, as a rule, so unfavourable in persons whose bodies are degenerate in every sense, that any plan of treatment which succeeds with them must still more succeed in the healthier individuals in private practice. As to the propriety of healing up old ulcers in aged people, we take each case on its merits, often stopping short of completely closing them up.

A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proæmium.

LONDON HOSPITAL.

FRACTURE OF THE SKULL IN BROCA'S REGION; PARALYSIS OF THE RIGHT SIDE; LOSS OF POWER OF SPEECH; DEATH; AUTOPSY.

(Under the care of Mr. JEREMIAH MCCARTHY.)

ALTHOUGH no single explanation seems sufficient to account for all cases of aphasia, still it must be granted that in the vast majority of the permanent cases there is paralysis of the right side, which is associated with some disease or injury of the posterior part of the third left frontal convolution of the brain. That this does not always obtain is fully proved by cases recorded by Vulpian, Charcot, and even Broca himself, in which there was aphasia but no disease of this portion of the brain, or disease of this part and no aphasia. Further, Trousseau gives a case in which there was well-marked aphasia with left hemiplegia. Nevertheless the following case is of interest, as showing a direct injury to this part of the brain followed by complete aphasia and subsequent paralysis of the right side. It is doubtful, however, whether the large effusion of blood was directly due to the injury, or took place secondarily from an injured or diseased vessel. It is difficult to believe that so extensive a destruction of brain-substance by the extravasated blood should not declare itself by paralysis of the right side till so many hours had elapsed. It is probable that the injury gave rise in the first instance to only a slight effusion of blood, but that this gradually increased till it assumed the dimensions found at the autopsy.

J. H.—, a workman employed at the London Hospital, in a quarrel with one of his fellows, was struck on the left temple with the leg of an iron bedstead at about 5 P.M. The case was supposed to be one of scalp wound, and the patient was allowed to go home. It was not ascertained at this time that there was any affection of the speech. About three hours after the accident he was seen walking to his

home, a distance of two miles from the hospital. On reaching home his wife, alarmed at the sight of the bandages, asked him what had happened; but, being unable to speak, he made signs for a pencil and paper. Before getting these he touched his head with his left hand (he was a left-handed man), pointed to the leg of a bedstead, and then clenched his hand as if striking a blow, which an intelligent neighbour interpreted to mean that he had received a blow on the head with the leg of a bedstead, to which he nodded assent. He then went to bed, using both his hands in undressing. A medical man being called in, it was directed that he should be brought to the hospital. To this the patient agreed, but in dressing it was noticed that he could not use his right hand, and, in walking to the cab, that he dragged his right foot. On arriving at the hospital he was quite insensible. Mr. McCarthy was then sent for, and saw him for the first time at 11 P.M., when he was unconscious and breathing stertorously; the right side paralysed and the left convulsed; left eye intolerant of light, the right insensible to touch and light. At the bottom of the wound was a depressed fracture, at the anterior part of the left parietal bone. The history of the case pointing to gradually increasing compression of the brain on the left side, probably from effusing blood, the wound was explored, and some overhanging bone removed with a trephine, and the depressed portion raised and withdrawn, with some splinters that had been driven under the sound portion of the parietal bone. There was a free flow, uncontrolled by pressure on the carotid, of dark-coloured blood, but no wound of the dura mater was detected. A firm compress and bandage were then applied.

Next morning the man was quite conscious and in so far improved. The convulsions on the left side had ceased. The right side was still paralysed as to motion, but when his hand or foot was irritated he used the left hand or foot to protect himself. He perfectly understood all that was said to him, and readily attempted to do all that he was directed. He did not protrude his tongue when asked, but it did not seem as if that were from paralysis of that organ, as he opened his mouth and showed the tip of the tongue, which was in the median line. He continued in this way until the fifth day, his breathing gradually becoming more difficult, and then died. From the time he was first seen by Mr. McCarthy until his death he never uttered a word, nor could he write, although he made several attempts to do so.

At the post-mortem examination the fracture was found to have traversed the course of the middle meningeal artery, which had not, however, sustained any injury. There was a laceration of the dura mater, some distance from the margin of the opening in the bone, which had doubtless been caused by one of the splinters removed at the operation having been driven through it at the time of the accident. There was no blood between the dura mater and bone, or in the arachnoid sac. There was a very little ecchymosis in the pia mater at the bifurcation of the Sylvian fissure, and beneath that a very small clot in the brain-substance. On tracing this there was found a large clot imbedded in the frontal lobe at its posterior part, coming to the surface by only a very small extent. It occupied the portion of the lobe corresponding to the interior and posterior part of the external frontal convolutions, and very closely bordered on the central lobe. When the clot was removed the brain-substance presented the usual appearance when a clot has been found after an apoplectic seizure. The right hemisphere was ecchymosed very superficially. The vessels of the brain were much diseased. The basilar artery was varicose and opaque, and the inner coat was readily peeled off, showing the atheromatous degeneration beneath. The middle cerebral artery and its branches were in a similar condition. The other viscera were normal.

CHARING-CROSS HOSPITAL.

RUPTURE OF URETHRA, WITH EXTRAVASATION OF URINE; RECOVERY.

(Under the care of Mr. BELLAMY.)

It is a remarkable but yet well-known fact, that as long as the urine is confined to its own proper channels it is perfectly harmless, but whenever it becomes extravasated