he considers his intellectual faculties to be as good as ever they were, and his reasoning powers to be intact. He can recall every object in his mind, but has simply forgotten the name of it, and of voluntarily reproducing it either in speaking or writing. Efforts, therefore, at spontaneous conversation or expressing his thoughts on paper are seriously impaired. Hearing and sight are as good as in most men of his age, and he understands spoken language and printed or written matter as well as ever he did. Although spontaneous writing is impaired, that to dictation is natural, and he copies with perfect ease; and his articulation and handwriting are perfectly normal. On attempting to read aloud his efforts are very imperfect, and words are mispronounced. The meaning of the text is understood, and he knows when mistakes are made. His difficulty consists in having forgotten his own language to a great extent, and he is exactly in the condition of a man who, having formerly been a proficient in a foreign language, has lost the art of speaking or writing it, although retaining the power of understanding it when reminded of it either by conversation or literature. In this way he cannot voluntarily repeat or write hardly any noun and many other words. He generally cannot tell his own name and age; not that he has forgotten them, but that he cannot recollect their verbal representatives. He has forgotten, as a rule, the names of his wife and children, and therefore, it need scarcely be said, of everything belonging to him. Many verbs and other parts of speech are also not remembered, and it may, therefore, easily be supposed that his powers of expressing his thoughts are very imperfect. This failure to express himself is always most marked when he makes the greatest efforts to remember anything, or when he is especially anxious to make himself understood. At other times, when listening to general conversation which he understands perfectly, he frequently joins in quite *à propos*, using appropriate language, in short sentences, as it were automatically, for, if asked to repeat what he has just said, he is unable to do so. For example, at dinner, the conversation being on politics, of which he is a keen follower, and to which he had been paying intelligent attention, he suddenly exclaimed, "We will never have peace till these wretched Radicals are kicked out." When pointedly asked what he had just said, he was totally unable to repeat it, although he perfectly recollected the nature of his remark, as evidenced by the fact that, when it was repeated to him, he acknowledged it to have been correct. In short, conversation with him is a slow, laborious, and roundabout effort to try and express himself, in which nearly every substantive and many adjectives and other parts of speech are left out. Not only are words not forthcoming at will, but, when produced involuntarily, they are often distorted, very much after the fashion of Mrs. Malaprop; of which mistakes, however, as soon as they are made, he is perfectly conscious. He might say, for example, "constitution" for "constituency," "illiterate" for "literary," and "phosphorescent" for "philosopher," and so on. Voluntary attempts to express his ideas are, therefore, so imperfect, either in speaking or writing, that the effort only makes Mr. H. annoyed and depressed, as he is perfectly conscious of his failure. For the most part he remains silent, and passes his time either in listening to the conversation of others, which he perfectly understands, or in reading books, of which he is an inordinate lover.

REMARKS.—This example of sensory aphasia is unlike the two others, inasmuch as the individual comprehends both spoken and written language, and has forgotten neither ideas nor things, but only fails to remember their names and the words which represented them. He is, in short, incapable of spontaneously reviving and reproducing by means of speech the thoughts which exist in his mind, but he recognises these when they are reproduced to him through his ear or eye. It is not an instance of mere loss of memory, because there is no evidence that either events or things are forgotten. All that is wanting is the spontaneous power of putting them into words. Although this exists to such a degree as to render voluntary conversation almost impossible, connected sentences and appropriate observations are often made involuntarily in conversation or under emotion, which same remarks immediately afterwards cannot be reproduced at the wish of the patient. If these are supplied by another person he can at once repeat them. Here the centres associated with the auditory and visual verbal mechanisms are apparently intact. There is a disorder of some higher structures in the cerebral organism, the failure of which prevents a spontaneous revival of names or words, although the ideas they represent remain. Here again it may be questioned whether an individual who cannot voluntarily

recall the names of things even in internal speech, can retain his full intellectual vigour and his power of abstract thought. In this case there is no positive evidence that either of these is in any way affected, and the patient himself, while perfectly conscious of his peculiar failing, maintains that his reasoning faculties are unimpaired, although the power of expressing them is so imperfect. As has been already stated, it would appear that ideas once acquired may remain independent of words, although, doubtless without them, or some other form of sensory impression, they never would have been obtained. If not produced spontaneously, they can be revived both by spoken and written signs from without. The patient cannot think aloud, but silent thought remains. If any impairment of intellect or memory for things exists which is always difficult to determine in such cases, it certainly is in no proportion to the loss of memory for words. Whether verbal amnesia can be localised is a matter of speculation, and we have as yet no positive information on the subject. The perceptive centre is probably a union of all the sensory centres. Perceptive conceptions and abstract thinking have all probably different levels of development and degrees of directness, one or more of which may be specially affected. It might of course be maintained that the loss of memory for certain words is only the symptom of an incipient general mental failure. A study of these cases, however, suggests that the faculty of memory for words has some more or less special position in the cerebral hemisphere, and there is no necessary relation between its loss and that of intelligence.

WHAT IS A STONE IN THE BLADDER?

By SIR HENRY THOMPSON, F.R.C.S., M.B.LOND.,

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At a lecture which I gave at University College Hospital in November last on the subject of vesical calculus, embracing a sketch of the physical and chemical characters, frequency of appearance in regard of age, etc., I observed that it was becoming desirable to consider the question, "What is a stone in the bladder?" When there was only one method of removing it, and that by the knife, there was rarely any doubt in offering a reply; but with our present facility for removing small formations, the term is sometimes loosely employed. By way of endeavouring to define it in a sense which may commend itself to the judgment of surgeons generally, I suggested that we might still retain a practice followed by our predecessors, which may be thus expressed. Any calculus which can be by any means removed entire through the urethra, including one impacted therein and removed thence by the knife, cannot be admitted to rank as a vesical stone, nor can such an operation be regarded as one for stone in the bladder. And I added that for those which are crushed, only formations of a certain weight can be fairly described by the word "stone."

It was indeed for the express purpose of distinguishing the various small formations from "stone" that the terms "gravel" and "concretion" have been long employed.

I little thought, however, that so apt an illustration of my remarks would appear as that presented by a paper entitled "A Hundred Cases of Stone in the Bladder," by Surgeon-Major P. J. Freyer, published in the JOURNAL of December 24th. I have purposely waited some weeks in the hope that someone else might raise this question, and I now write with much reluctance as a matter of duty, lest a precedent should be established which I think it is very undesirable to follow.

Among the hundred cases of stone thus reported, I observe no fewer than a dozen cases, the largest of which does not exceed 12 grains, and this not merely in children, for ten of them are adults. But what is more remarkable still is that a tiny concretion weighing only 2 grains is twice reported as "a stone" in the adult bladder, as are also two of 3 grains each, besides others of 4 and 5 grains respectively. Indeed, the total weight of the "stones in the bladder" for which in eight adult cases "the operation of lithotripsy" has been performed amounts to no more than 37 grains, an average of about 4 grains each, the total weight of the eight being only that of quite a small stone. Such tiny pro-

ducts are easily removed for the most part by washing out the bladder, from which indeed they usually escape spontaneously. I append outlines of the exact size of such concretions, scores of which now in my possession have been so removed, and which it has never occurred to me to regard or to report as cases of stone in the bladder. I may add that exact outlines present to the eye an idea of magnitude exceeding that conveyed by the body itself, as anyone may observe by placing one within the outlines given.

1. A concretion weighing 2 grains.

2. " " 3 " (this is a rather flat one).

3. " " 5½ " (this is cylindrical, or nearly so).

4. " " 7½ " (this is cylindrical, or nearly so).

The largest measurement is of course given in every case.

Thus in my cabinet of calculi, now numbering about 950 cases removed by operation, with the history of each appended, there is not one weighing less than 20 grains, and I have never accepted or reported an example beneath that weight as a "stone." I have crushed many from that weight downwards to 5 or 6 grains, and had I so regarded them could report at least 1,100 cases instead of 950. I still venture to think that most of my brethren will agree with me that 20 grains is the very lowest weight, in the adult, the removal of which should be esteemed an operation for stone in the bladder. And in chronic prostatic retention cases, where the phosphatic concretions so frequently and so rapidly form, I have never recorded anything as a stone which has not reached at least half a drachm.

There is another aspect of the matter, too, which cannot be lost sight of. I think that it is very undesirable, from more than one point of view, to convey an impression to any patient from whom a bit of gravel weighing 2 or 4 grains has been removed that he has undergone an operation for stone in the bladder, and that the custom might give support to objectionable practice.

I beg to submit these remarks to the consideration of my professional brethren, in the belief that it is desirable to have some general understanding as to the meaning of the term in question, and to adopt, if possible, a uniform method in the employment of it in future.

CASE OF RAYNAUD'S DISEASE, OR SYMMETRICAL GANGRENE.¹

By J. W. F. SMITH-SHAND, M.D.,

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GENTLEMEN,—I must premise that the case I am going to bring under your notice to-night is that of a girl of excitable nervous temperament, of but moderate intelligence, and of questionable habits. Great difficulty has been experienced in getting an accurate account of the previous history, more especially with reference to the occurrence of "chilblains" and other points, for what she affirmed to-day she would contradict to-morrow. My examination of her always seemed to make her very nervous, particularly in the presence of students; and thus I asked Mr. Shirras, the house-physician, to undertake the narrative of the case, as I supposed she would be more at her ease with him. Consequently it is mainly to him that we are indebted for the following history.

J. A., aged 20, a servant, was admitted into the Royal Infirmary on May 24th, 1887, complaining of pain in the hypogastric and lumbar regions, with frequency of micturition, which symptoms, she stated, had been present for the last four days. Her appearance was striking, as the face was much flushed, the lips swollen, with the mucous surfaces of a purplish colour, and a general erythematous redness all over the body. The skin was moist, and the patient said her body felt hot. Her face was heavy and dull in expression.

Three hours after admission her temperature was 104°, respirations 40, pulse 125 per minute. On physical examination, heart

sounds normal, pulmonary percussion normal. On auscultation, breath sounds harsh. No cough or expectoration. Liver normal; spleen slightly enlarged; tongue dry and coated with white fur; great thirst; appetite bad; bowels confined. There was marked tenderness on pressure over the lumbar regions. Urine scanty, specific gravity 1030, acid reaction, dark yellow in colour, with sediment composed of lithates and pus; upper portion showed trace of albumen.

On the 25th the temperature was 104.4°, but, under the use of antipyrin, fell to 101.6° in the evening. As she said she was unable to pass urine, the ward sister used the catheter and drew off 42 ounces.

Twenty-four hours after admission she complained of great pain in the ears, and shortly afterwards symmetrical black patches appeared on the lobes, and after some time became filled with dark serum. Soon after this other black patches appeared symmetrically on each cheek and on the point of the nose. Still later, on the following day (26th), other symmetrical spots were seen on the face and neck, on the arms, hands, and legs above each knee. No patches appeared on the trunk, fingers, or feet. The largest patches were on the arms. The one on the right measured seven inches in length and three and a half in breadth; the patch on the left arm measuring five and a half in length and three in breadth. Before these patches appeared the patient complained of a severe burning sensation in the parts, which was greatly intensified on pressure. They appeared suddenly, and were of a very black colour; the margins were distinctly marked, there being no shading of colour. The surface of the patches was covered with moisture. After the patches appeared the general erythematous condition diminished very considerably.

For eight days the patches remained as described, but after that a reddish border appeared around them, and by the tenth day they began to shrink in length and breadth, and by the thirteenth day sloughing sores had formed on the arms, and were dressed with carbolic oil and enveloped in cotton wadding. The ulceration was quite superficial. The patches on the ears, cheeks, and neck shrank and disappeared, leaving a small thick crust, which gradually got smaller and dropped off, leaving on the left ear a certain amount of atrophy of the tissue. On the ninth day after admission the lumbar pain and frequency of micturition began to abate, the pus and albuminuria diminished, and by the eleventh day these symptoms had completely disappeared. Since then her only complaint has been of thirst, and pain when the arms were being dressed. The temperature ranged high for over three weeks, the maximum being marked on May 28th, when it was 104.6°. During the second week of her illness she had diarrhoea for several days, having five stools on June 3rd. The treatment consisted in giving ten-grain doses of antipyrin for the first three days every six hours, and afterwards a mixture containing arsenic and strychnine every six hours.

Previous History.—Patient, up to the age of 16 years, enjoyed good health, but since she first menstruated (when 17 years old) she has always suffered more or less from dysmenorrhoea and irregular menstruation; she menstruated last on May 7th. She told Mr. Shirras that she often complained of chilblains in the winter time, and suffered more or less from cold hands and feet. She denied this to me, but said that four years ago, when she was in the House of Nazareth, she, along with many others, had little red lumps about the size of pins' heads on her fingers, and that the nails cracked and came off, and at present the nail of the forefinger of the left hand is fissured. This winter she told me she suffered from cold hands and feet, and her hands were blue and swollen, but "not like chilblains."

On April 28th of this year she was admitted into the Infirmary under me, but during my absence from home, complaining of severe pain in the lumbar and iliac regions, and retention of urine. Mr. Williamson, then house-physician, considered this last symptom as hysterical, and refused to draw off her urine, and in a short time she passed it all right. At this time a bulla, about the size of a five shilling piece, developed on her left hand. It was very painful, containing at first clear serum, but rapidly becoming purulent. It was punctured, and in three days had quite healed; she was dismissed on May 7th "cured."

Under the date of July 4th I have to report that the patient says she is quite well, that the ulcerated surface on the left arm has been perfectly healed for the last three days, and that on the right arm there are now two ulcerated spots, one about the size of a sixpence, and the other being half an inch in length and half an inch in breadth.

¹ Read before the Aberdeen Medico-Chirurgical Society.