to eleven or twelve o'clock, making the meal do double duty. On board, a siesta after lunch had now become a settled thing, scarcely to be wondered at, as the temperature had risen thirty-two degrees since our departure from Liverpool on the 19th ultimo, from 63 to 92 deg. in the shade in eighteen days. Between noon and 4 P.M., the natural tendency to sleep had become almost overpowering, especially during those hot sultry days when the still atmosphere feels most oppressive, and a tropical sun is reflected from the surface of the calm and glassy ocean in all its brilliancy. Of society there is very little in West Africa; what there is, is confined to the intercourse between the few Government officials at each station and half a dozen of the principal merchants. As our countrywomen do not flourish here at all, the loss of their gentle influence is much felt. European females soon become pale and anæmic, pine gradually away, and, if nursing, so rapidly lose flesh and health, that an immediate return to England becomes necessary. When not child-bearing, they manage to get on somewhat better.

It was a keen sense of enjoyment to find oneself once more in a comfortable bed, even for a night, and not cooped up in a cabin seven or eight feet square. After posting letters for home next morning, and paying a parting visit to the monkeys and other savage animals exposed for sale in the market, we embarked and weighed anchor at 4 P.M. on a lovely evening, handkerchiefs being waved in adieu from the windows of our kind entertainers on shore. A hearty cheer from the crew of the *Sherbro*, as we passed her, was almost the last sound we heard as we leaned over the port bulwarks, watching, receding in the distance, that peninsula, as remarkable for its natural beauty as it has been noted for its unhealthiness. The evening sun was shining on the mountains, a sea-breeze, feeling cool at a temperature of 83 deg., was blowing from the west; and, as we rounded Cape Sierra Leone, a gun from the signal-station indicated the approach of a steamer from the northward, proving afterwards to be a gunboat making for the harbour of Freetown.

[To be concluded.]

A CASE OF RIGHT HEMIPLEGIA AND LOSS OF SPEECH FROM LOCAL SOFTENING OF THE BRAIN.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.,

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THIS case is reported as a text for forthcoming Lectures on several subjects. There are for consideration (1) Hemiplegia; (2) Affection of Speech; there was (a) Loss of Speech and (b) Disorder of Speech; (3) The Constitutional State of the Patient; (4) The Process of Embolism and Thrombosis; (5) The most important matter is the Recovery of the Patient; (6) The Occurrence of Convulsion (Epileptiform) after Recovery; (7) Death and *Post Mortem* Examination. For the important parts of the notes I am indebted to Mr. R. W. Parker. We are both, however, responsible for the accuracy of the greater part of the report, as it will be seen that from time to time we went over the case together.

Robert S., aged 28, was admitted in the morning of June 29th, 1869. I saw him in the afternoon. He was speechless, except for the words "yes" and "no"; and he could utter a noise supposed to stand for "don't know". He was paralysed on the right side (face, arm, and leg). The facial paralysis was extensive in range, and involved the muscles of the forehead, the orbicularis palpebrarum, and the cheek of the right side, but it was slight in degree. He did not put his tongue out when told, but swallowed well, as I ascertained by direct experiment. There was no deviation of the eyes, and no ocular abnormality was discovered; the ophthalmoscope was used. The right arm was only partially paralysed; he could move it; for instance, when he raised himself in bed to drink, he used the right arm a little. There was still less palsy of the leg; he seemed to move it as well as the other when lying in bed, but it was perceptibly weak in walking. It was not quite certain whether sensation was diminished or not; but, if it were diminished, the diminution was very slight. He could utter the words "yes" and "no" very clearly, and used them satisfactorily in answering questions which required affirmatives or negatives only. He had never been able to write at all, nor to read much. The temperature in the axillæ was 100.6, but in the elbow flexures it differed: right, 99.4; left, 100.6. Two thermometers were used, and the readings were practically the same when sides were changed. There was a double murmur at the base, the impulse lay outside the nipple, and there was a considerable heaving over the heart's region. There was no history of rheumatic fever. His elder brother was carefully questioned on this

point. Whether he had had scarlet fever or not was not known. There was, however, a history of a severe accident. Nine years ago, he fell into a ship's hold, and for three days and nights was insensible. He was in a hospital for six weeks, and then went to his work, although he was not well.

The mode of onset was curious. His wife told me that he came home from work as usual, and was then seemingly in good health. He made a wax-end, and then, all at once, he put his hands to his head. His wife remarked to him that he was ill. He did not reply to her, but went into the yard. She followed him, and found that he "dropped to the right side". He could then talk, and talked "all manner of strange things". He said, for instance, "I want a night". His wife asked, "A knife?" He replied, "No, a night". He said, "My head; I must go out". She urged him not to go out, but he would; and they walked together in the streets for hours. At four o'clock A.M. he went to bed, but at five he would try to get up, and then could not speak at all, and had lost the use of his right arm. He was led to the hospital.

I had to go out of town, and thus I saw him no more until August 17th, when I examined him with Mr. Parker. He had gone out with no paralysis, and with but little impairment of speech perceptible. He had gone to work, although he was not fit for it. We could not persuade him to come into the hospital again. Now, however, there was decided, although trifling, weakness of the right side, and the palsy of the face was marked in the cheek, and the right eye was not so firmly closed as the left when he tried to close them strongly. He slept well, and his appetite was good.

His speech was not good. He had now, however, plenty of words, and it was not easy to write down what the nature of the defect was; there was no difficulty of articulation. The best way will be to give notes of what took place when Mr. Parker and I examined him.

He said of his right arm that he could not "left so well—not so hard". I asked, "Where do you live?" He replied, "27—No. 7 ch—eh; I don't know what 'tis—oh, I forget". He then tried again, and said, "Eh, some"; and then added, as if despairing, "You see I forget". He gave his wife's name, "Julia", quite correctly. I said, "How can you walk?" He replied, "Oh, fine; anything I can do". He added, "If I could find—you know—hard", holding out his right arm; and then, vivaciously, "and eat anything—meat, bread". Here I remarked to Mr. Parker, "He is a German, and perhaps his speech was never like that of an Englishman". The patient then said, "Oh, I was born here; my father was a German". [He spoke well before the paralysis; and his elder brother, whom I afterwards saw, spoke quite like an Englishman. Their mother was an English woman.] He could not readily give me his name, and said, "I can always say, but all at once it's gone". I again asked where he lived. He replied, "I can't tell the place"; and then, suddenly, "Collingwood Street"; and added, "There you are; that's right". I showed him several articles, and noted the mistakes he made in naming them, adding some of his observations. Pen?—spin, pen. Knife?—knife. Watch?—kni—dnife; "It runs up and gone". Flowers, book, bread, and boots he named at once. Fire-shovel?—Poker, charge—chovel. Poker?—pokey, poker. Umbrella?—"Oh, I" (laughing) "cannot say it". I said, "What do you do with it?" This he knew; and he acquiesced when I suggested the name. Lead-pencil?—He could not name it, and remarked, "I can think of it, and then I forget it always". Being still urged to name it, he said, "Penflo—flo". I then said, "pencil", and he acquiesced. Coat and trousers he named. When I next named several of the above-mentioned articles, he quickly pointed them out. I named others, *e. g.*, table, and he put his hand on the table and said, "There". At another time, he said to Mr. Parker that he was "gooder", and then, correcting himself, said, "better". He never could write, nor could he read much. However, he named letters one after another.

On October 19th, he was brought to the hospital, as he had had a fit. Of this fit, nothing was ascertained except that it occurred in the morning, that he foamed at the mouth and bit his tongue; he had two or three fits after admission. When I saw him, October 22nd, he was in about the same condition as in August. We were told that he had been "rather queer" since his first admission; the information we received in this matter was very vague; he would occasionally get up at night, dress himself, and smoke; at times he saw strange things, and did not know what he was talking about. He still talked badly, and in the same style as before. Once, when asked his age, he replied, "Seven hundred". He appeared to understand all that was said to him; the reply was only a *lapsus lingua*, like some of the other mistakes recorded. He went out again to his work in a few days; but, before he went, Mr. Herman was so kind as to obtain for me the following. To these notes I attach very great value; they give, I feel sure, a faithful representation of what took place, and are of very much more use than general statements as to the man's manner of talking.

Q. What is your trade?—A. A dyer, in the strees—ah! ah! (making gestures of perplexity)—in the skins. Q. How are they dyed?—A. In the kins—in the kins. Q. What do you dye?—A. Ah! ah! (gestures of perplexity)—rabbits, and all manner of— Q. All manner of what?—A. (Gestures of perplexity) Amarris—rab—bits—and the others. Q. What others besides rabbits?—A. Rabbit, rab—bit skins—me, merikins. Q. What skins do you get from America?—A. There's, ah, ah (gestures of perplexity)—rabbits, and, and, squirrel tails as well. Q. What do you do with them?—A. The little things the women have (stroking his breast)—the maws. Q. How long does it take?—A. Sometimes a day; sumsums two or three. Q. How much do you get at it?—A. Se, seventeen shillings. Q. A day, or a week?—A. A we—week. Q. Where do you live?—A. Collingwood Street. Q. Where is that?—A. Just over there (making gestures of perplexity, and pointing), in Whitechapel (pointing), over there, you know—North Street. Q. What parish is it in?—A. Oh, oh (gestures of perplexity), I can't, cause of my— Q. What parish?—A. Mesmes Green.* Q. What is your brother's trade?—A. Sum-boilers (gestures of perplexity). Q. Sugar-boilers?—A. Yes. Q. What had you for breakfast this morning?—A. (Gestures of perplexity) Eh, eh—bread and butter, and—ah, ah, I can't say it—egg, egg. Q. What for dinner?—A. Meat, and meg—I can't say some of 'em—potatoes—beer. Q. What meat?—A. Beef (shaking his head)—I can't think of it. Q. What meat comes from sheep?—A. Ah, ah—you see it sticks always (pointing to his mouth); button—no, no, I can't—mutton—no, no, I can't say it. Q. What comes from pigs?—A. Bakacon (shaking his head)—bacon. Q. What from a young sheep?—A. Ma—mare (gestures of perplexity)—mag. Q. Is it lamb?—A. Yes, of course, if I could say it. Q. Say lamb.—A. I know how, if I could—only it's so thick.

The patient returned to his work; and all I know further of his case was, that he was brought to the hospital dead, May 10th, 1870, having had a fit.

Necropsy.—There were vegetations on the aortic, and on the chordæ tendineæ of the mitral, valves; the aortic valves were incompetent; and the left ventricle was very greatly hypertrophied. In the brain, there was softening on the left side in the district of the middle cerebral artery. The softening affected the outer part of the island of Reil, the lower part of the third (lowest) left frontal convolution, and about the lower third of the ascending frontal and ascending parietal convolutions. The third left frontal convolution, however, was only slightly touched on the under surface where it borders on the ascending parietal. The softening extended inwards to the extraventricular part of the corpus striatum and to the optic thalamus; the mass of these bodies was uninjured. The parts described as softened were diffused, and of a mortar-like colour. No plugs were discovered in any of the arterial branches of the left middle carotid artery. There was an old embolic patch in one kidney, and a recent red one in the other.

THE GAINS DERIVED FROM THE USE OF THE LARYNGOSCOPE.

By ARTHUR TREHERN NORTON, F.R.C.S.,
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DR. GEORGE JOHNSON, in an able article in the BRITISH MEDICAL JOURNAL of May 23rd, on the Gains Derived from the Use of the Laryngoscope, refers to certain forms of paralysis of the laryngeal muscles, and remarks that, as they are difficult to explain, they must be left to the physiologist.

The physiologist, however, often relies upon accidents of nature and disease for the advancement of his science; and in the present instance, I think, our knowledge of anatomy, aided by manifest effects of disease, may prove the physiological argument. Dr. Johnson says that, when one pneumogastric or recurrent laryngeal nerve is compressed by an aneurism or other tumour, paralysis of the laryngeal muscles of that side only might be expected, but he instances cases in which compression of one pneumogastric or recurrent laryngeal caused paralysis of both cords. I think, however, we must conclude that compression of any particular nerve in its course may convulse or paralyse the muscles which it supplies, but certainly not those which it does not supply; and we must, therefore, presume that some other reason exists for any apparent paralysis of both sides when one nerve only is compressed. Anatomy teaches me, and my practice supports the view, that if a recurrent laryngeal nerve be compressed sufficiently to produce paralysis, there remain the crico-thyroid muscle, and in part the arytenoid, not affected. The crico-thyroid, no longer counteracted, holds the vocal cord of that side in a state of tension.

* Collingwood Street runs off North Street, Bethnal Green.

By the laryngoscope, it is seen that the cord is tense, and does not move either during respiration or phonation; phonation is necessarily hoarse, because the two cords are not adapted for the same pitch of the voice; respiration is but little affected, because the unaffected muscles can open the glottis sufficiently wide for the required amount of air to enter, unless excited by exertion when the space is insufficient, and inspiration is accompanied by stridor.

If both recurrent laryngeal nerves were affected, it appears to me that respiration could not be carried on, for there would be no power to open the glottis; whilst, on the contrary, the tensors of both cords, not being paralysed, would hold the glottis more firmly closed; therefore, slight compression of both nerves would be accompanied by stridulous breathing and dyspnoea, and, as the paralysis became complete, breathing would cease.

The following case illustrates paralysis of all the intrinsic muscles of the larynx, for, as will be seen, there was no fixed point for the muscles to act upon.

A patient came under my charge, at St. Mary's Hospital, suffering from subacute laryngitis. There was tumefaction of the whole mucous membrane, and about and behind the cartilages of Santorini the tissue was cedematous. Both lungs were tuberculous, and I looked upon the case as one of tubercular laryngitis. She was taken into the hospital on account of dyspnoea.

During the following week, the dyspnoea increased, and the respiration became stridulous; and I, therefore, performed tracheotomy.

In about three weeks, the laryngitis had subsided, and the lining membrane had become normal, yet no inspiration could be taken, any attempt to inspire approximating the cords. The tracheotomy-tube was obliged to be retained.

After six weeks, the patient died, with large vomice in both lungs.

At the *post mortem* examination, it was found that the cricoid cartilage had necrosed; the soft tissue between it and the œsophagus had given way, and the main portion of the cricoid had been probably swallowed; only a small portion of the anterior ring of the cartilage remained; all the rest had disappeared, yet the mucous membrane of the larynx was sound, and no communication existed between it and the œsophagus.

The reason was now evident why an inspiration could not be taken: there was no attachment for the arytenoid cartilage, and there was no power to open the glottis; therefore, air rushing towards the glottis filled the ventricles of the larynx and pressed the cords together in much the same way as a reflux of the blood in the aorta closes the sigmoid valves, but air was not prevented from passing from the lungs to the mouth, and so the patient could whisper.

This case precisely corresponds to one of paralysis of both sides, and it shows that with paralysis of both sides no respiration can take place, precisely what anatomy would teach. I would say, therefore, that paralysis of both cords does not take place from pressure upon one pneumogastric or one recurrent laryngeal, and that, if from any cause paralysis of both cords take place, death at once ensue unless tracheotomy be performed.

It may be borne in mind that, if one recurrent laryngeal be paralysed and the cord of that side rendered tense by the crico-thyroid muscle, the cord of the opposite side is also necessarily rendered somewhat tense, and may appear, to an extent, paralysed, inasmuch as its movement is less than normal; but the paralysis is only apparent and not real.

A CASE OF FIVE DISTINCT HERNIÆ IN ONE INDIVIDUAL.

By GEORGE J. MURIEL, M.R.C.S.,
Honorary Surgeon to the Whitehaven and West Cumberland Infirmary.

THE subject of this history was C. P., a girl 21 years of age, very tall, being over six feet, her trunk especially being unusually long. The pelvis was well formed, but above the general run in all its measurements. The breasts were almost entirely undeveloped. Her occupation had been that of a milliner. Her expression was florid, but she always had a worn look; her natural temperament was lively and spirited; she was certainly not of a hysterical nature, but was healthy in general external appearance.

About three years ago, I was first called in to attend her, and found her the subject of a large femoral hernia on each side, and also a much larger one coming through the great sacro-sciatic foramen on the right side. Her mother told me that she first felt this sacro-sciatic hernia when about 12 years of age, and it was then about the size of a pigeon's egg. The mother's attention was then called to it by the girl's complaining that, when she went to the water-closet, "something came down which hurt her". The sight of it frightened the mother, and she