

neck to the upper part of the chest. By the 16th there was a slightly raised rash from head to foot and blood was present in the urine. Early in February the hair began to fall out, first on the head, then over the rest of the body, until it was completely lost, including axillary and pubic hair. Shortly afterwards his nails fell off. At the present time (October, 1905) there is no sign of the hair returning but the nails have reappeared. The patient has been in excellent health all the time. Both before and after this particular case the bottle of liquor vesicatorius had been in constant use with perfectly normal results.

I cannot find any record of a similar case after the use of cantharidin but doubtless it is due to an idiosyncrasy of the patient. He has been seen by three eminent skin specialists and their prognosis is, on the whole, favorable as the nails have returned and apparently the hair bulbs have not been destroyed. The case, however, appears to be so uncommon that any treatment is of doubtful utility.

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**A Case of Motor Aphasia Without Agraphia.** BYROM BRAMWELL in the *British Medical Journal*.

The case is reported by Byrom Bramwell, whose patient was a married woman, aged 27 years. The aphasia was purely motor. Certain defects in writing in the early stages of the case were clearly due to defects in manipulating the pencil and not to a true aphasic defect. The onset of symptoms was sudden, due to either embolism or hemorrhage. In favor of the former are adduced the patient's age, a mitral stenosis, the sudden occurrence during a febrile attack, attended with sore throat and phlebitis, and a very brief coma at the outset. The embolism probably affected the left middle cerebral artery or some of its branches, but the loss of sensation on the right side of the face, the right deafness and anosmia, suggest, perhaps, a lesion of the posterior end of the internal capsule. Against this localization is the fact that the leg was much less paralyzed than the arm and face. So far as the paralysis is concerned, and on the assumption that embolism of the left middle cerebral artery existed, the lesion would appear to have been both cortical and subcortical, a softening of the left motor area at its lower end. For two weeks after the onset of symptoms, the patient uttered no spoken word, though she tried to do so, but she was taught in due time to repeat vocal vowel sounds, and gradually recovered the power of speech. The author knows of no other case in which such complete motor vocal aphasia was associated with such perfect ability to write.