was seen by the narrator on the 22d of September, of the same year. He was now completely paralytic, excepting the tongue, the face and the neck. These last became gradually affected. He had never complained of pain in his head, nor of any part of the spine; nor did the most rigid examination detect any physical lesion in this last organ. His general health was good,—his intellects perfect. He attributed his disease to rheumatism, contracted during his bivouacs in Spain. He made water voluntarily, and had a daily evacuation from the bowels. He slept and ate well. The skin was nearly of natural temperature, but quite insensible to pinching or pricking. Any pressure of the muscles, on the other hand, gave him great pain, and caused him to cry out.

Frictions of lytta and alcohol were assiduously employed along the spine, ammoniated liniments were applied to the limbs, and cinchona, with wine, was liberally exhibited internally. In the course of a fortnight, the sensibility of the skin began to return, and that of the muscles to diminish. The power of the muscles also gradually returned, but inversely to the way in which it had been lost,—namely, from above downwards. He was never able, however, to raise himself up on his feet. This amelioration continued but for a very short time, and he was soon as bad as ever. Blisters along the spine were added to the former measures. On the 3d of November, he became suddenly incommoded in his breathing; his pulse quickened; his countenance became anxious; he had cough: the intercostal muscles seemed scarce-

ly to move. In this state he lingered till the 7th of the same month, when he expired without any struggle.

Dissection.—The spinal canal was opened throughout its whole extent. There was very little blood in the venous sinuses. The dura mater in its natural state. The pia mater was sprinkled with calcareous depositions in the lumbar region, and was finely injected. The roots of the lumbar and sacral nerves, as also the great sciatic, were injected with black blood. The other nerves were very minutely examined, but nothing particular was observed. The spinal marrow was rather firmer than natural, and the same might be said of the medulla oblongata and brain. The lungs were filled with tuberculous matters, and there were some small abscesses. The heart was empty and flaccid. The whole of the abdominal viscera were sound. The muscles presented no appearance different from those of a person in health, except being more pale and flaccid.

The foregoing case will show with what a thick veil the functions and diseases of the nervous system are covered. What was the nature of the malady? Was it inflammatory,—or was it the reverse?—*Clinique.*

III.

PROLAPSUS ANI TREATED AFTER THE MANNER OF MR. HEY.

By Dr. McFARLANE.

THE subject of the following case was 54 years of age. On every attempt to evacuate the bowels, the

gut descended about two inches, and the patient experienced much pain and tenesmus. At other times, a prolapsus was induced by an erect posture; and a recumbent position and gentle pressure were always necessary to produce reduction. Frequent hemorrhage from the part, and the constant irritation, had considerably impaired his general health. Under these circumstances, Dr. McF. goes on to say:—

On examining the anus after the gut was replaced, the surrounding integuments were found extremely relaxed. There existed such an unnatural looseness in the attachment of the skin around the anus, to its corresponding cellular membrane, that it could be easily drawn out with the fingers, in the form of one or more large flaps. Having succeeded in two similar cases, which came under my care in the Royal Infirmary, during the summer of 1826, in completely curing the disease, by cutting off the loose integuments, as recommended by the late Mr. Hey,* I determined to try it in this case. The skin was drawn as far out as possible into broad flaps, and cut off with the scissors in a circular direction, until all the superfluous integument was removed, including a portion of the livid and tuberculated fold of mucous membrane which was projected from within the sphincter. The pain was trifling, and only a few drops of blood were lost. A soft compress and T bandage were applied, and he was strictly confined to bed. For a few days, a par-

tial procidentia took place, on every attempt to go to stool. He had a good deal of pain and inflammation around the anus, attended with complete retention of urine, which required the frequent introduction of the catheter. In ten days after the operation, he was able to walk about, and void his stools, without any return of the disease, and in three weeks he was perfectly cured. Pressure was continued to the part for some time longer,—occasional doses of castor oil were prescribed, and he was enjoined to avoid straining at stool.

There will generally be found in obstinate and long-continued forms of this disease, a great relaxation in the connexion of the rectum, at its lower part, with the surrounding textures. This circumstance, although it may not be the original cause, is sufficient, in many cases, to account for the continuance of the displacement in chronic and inveterate cases, although I believe it is generally accompanied by a diminished power of the sphincter. If the rectum, in consequence of being much irritated, as in various bowel complaints, ultimately becomes relaxed, the tenesmus, which is an invariable attendant, may so overcome the sphincter, as to give rise to a procidentia. But when, as in the case now detailed, the erect position is sufficient to cause a descent of the gut, we have grounds for believing, that besides the relaxed state of the rectum, there exists a want of power in the sphincter muscle, which part, along with the levator ani, is mainly instrumental in maintaining the rectum in its natural situation. In the cases de-

* "Practical Observations in Surgery, 2d edit., p. 444."

tailed by Mr. Hey, there existed, in combination with relaxation of the integuments, one or more livid tubercles at the verge of the anus, which were also removed. He expected, from this operation, that inflammation of the surrounding cellular texture would be excited, the attachments of the rectum consolidated, and the power of the sphincter improved. In a majority of cases, the disease will be found to yield (although the cure is often tedious and protracted) to the local applications and internal remedies usually employed. Should it continue, however, as sometimes happens, after the exciting cause has been removed, we will occasionally find that the loose state of the skin around the anus, and the relaxed attachments of the rectum, at its termination, become the primary causes of the continuance of the disease. It is, I conceive, in such circumstances, that this simple operation may be beneficially adopted.

IV.

FUNGUS HÆMATODES IN THE FÆTUS.

IN the *Journal de Progrès*, tome XIV., a notice of an instance of this kind is inserted by a gentleman who signs himself Tonnelé, D. C. Tubercles, it is well known, have been found in the fœtus in utero, but we certainly are not aware that any of the genuine malignant growths have been discovered, or recorded to have been discovered, at so early a stage of human existence.

On the 9th of December, 1827, M. Tonnelé was summoned to assist two of his confrères in con-

ducting to its termination a protracted labor, in which the back of the child presented. On our author's arrival, he found that the feet had with difficulty been brought into the vagina, that the uterus was in a state of complete inactivity, and that the waters had been discharged a long time previously. By the joint exertions of all engaged, the whole of the child, except the head, was delivered, but the uterus could not be prevailed on to contract, and the final extraction was only accomplished at last by means of the blunt hook introduced into the mouth of the fœtus, after the forceps had failed. The child was hydrocephalic, but what excited most attention was an enormous tumor of fungus hæmatodes, attached to the right parietal bone, and forming a kind of double head. The base or origin of this medullary tumor appeared to be seated in the osseous tissue of the cranium, which it perforated like a sieve; the dura mater was sound. The serum contained in the cranium might be estimated at about a pint, and the cerebral substance was soft, and macerated in appearance.

The mother of the child was thirty years of age; the father, eighty, but stouter and stronger than many men at sixty. Neither of the parents had ever labored under any cancerous affection. We are satisfied, from the description, that the above was really a case of fungus hæmatodes, as we have witnessed several such tumors in adults, and in every case they had their origin in the cranial bones, more especially the di-