becoming weak, that his pulse is quick, his belly tympanitic, his thirst still present, *and all this without evidence of disease in the respiratory, circulating, or nervous system*, you may suspect inflammation of the mucous glands of the digestive tube, which may terminate in deep ulcerations; and you will not be surprised if your patient should be carried off by rapid peritonitis, occasioned by an ulceration of all the coats of the intestine. I have witnessed many instances of the truth of this statement.

It has been objected to the doctrine that infantile remittent fever and *tabes mesenterica* depend on inflammation of the mucous membrane of the digestive tube, because it has been found that purgatives are sometimes useful in the treatment of the disease; and those who bring forward this objection ask, "if purgatives give relief, how can it be intestinal inflammation?" Now, what are the real facts of the case? These cases, which have been relieved by purgatives, are cases in which purgative medicine has been given in the early stage, and has been productive of benefit; or, in other words, where the disease is only just commencing, and where its cause is proved to be the presence of irritating matter in the bowels. A physician is called to a case of this kind; he gives a purgative; a quantity of offending matter is evacuated, and the child gets better. You should act in the very same way, and have recourse to purgatives whenever you have reason to suspect the existence of irritating or indigestible matter in the bowels. You are to employ purgatives on the same principle as every one employs emetics, in cases where corrosive poison has been swallowed; but no one is inclined to think that he will be able to cure the disease by the continued use of emetics. But, unfortunately, persons do not attend to the actual state of the digestive tube; they go on prescribing purgative after purgative, until the irritation, which was originally produced only by indigestible matter, becomes exacerbated, and terminates in ulceration of the intestinal mucous surface, accompanied by all the symptoms of *tabes mesenterica*.—*Ibid.*

28. *Diseases of the Large Intestines*. By WILLIAM STOKES, M. D.—You will see in the various systematic treatises on the practice of physic, separate descriptions of the affections of this portion of the digestive tube, you will find diarrhoea in one chapter and dysentery in another, and you will observe, that a great deal of ingenuity has been expended in forming nosological differences between these affections. I fear that much of what has been written respecting them is rather calculated to puzzle and mislead than to inform the student. Viewed anatomically there is no essential difference. You may for every practical purpose place them in the same class, and consider them as the result of the same morbid condition of the same part, namely, an inflammation of the lower portion of the digestive tube. Some persons may quarrel with the term inflammation,—call it then irritation if you please, but the truth is, that it is disease of the lower portion of the intestine, the results of which are increased sensibility and altered secretion, and this description, I think, will fairly apply to one as well as the other. If a man has purging with fever and pain it is called dysentery, if he has purging without pain, and without any manifest febrile excitement, we call it diarrhoea. But, in cases where persons have died, after having laboured under diarrhoea for a length of time, we *generally* find, on dissection, lesions of the mucous membrane of the intestinal canal, sufficient to account for death. There are some cases indeed, in which the mucous surface takes on a gleety discharge, similar to that which follows gonorrhoea, and under such circumstances you will not be able to discover any distinct anatomical evidence of diseases. These, however, are comparatively rare, and bear little or no proportion to those cases which present distinct traces of organic lesion.—*Ibid.* March 1st, 1834.

29. *On Dysentery*. By WILLIAM STOKES, M. D.—The first principle I have to enforce on this subject—and you may take it as an observation based on the soundest pathology—is this, that dysentery is inflammation of the large intestine. In some cases it is complicated with fever, and in others with disease in

the upper portion of the digestive tube; and I believe that those cases, which are termed *epidemic dysentery*, are those in which this disease is combined with typhus fever, or with an extensive affection of the small intestine—where there is ileitis as well as colitis. I shall not take up your time with discussions respecting epidemic dysenteries, or those of warm climates; it will be sufficient for the present to allude to that form of disease which is observed in this country.

I have told you that dysentery is an inflammatory affection of the great intestine, and all the symptoms during life, as well as the phenomena revealed by dissection, tend to confirm this view of the subject. We often have fever because the constitution sympathizes with the inflammation of an important organ; we have excessive pain and irritation of the intestine, in consequence of its muscular fibres being involved in the inflammation; and we have discharges of morbid, purulent and bloody secretion. You will now please to inspect this preparation, and hand it round. See the effects of dysentery—the extensive inflammation, ulceration, and sloughing of the mucous membrane. Here is another preparation; you perceive the whole surface of the colon is covered with coagulable lymph, which, in some cases, forms a chief part of the dejections. Here is a preparation which exhibits extensive sloughing of the mucous membrane; its tissue, you see, is quite abraded and destroyed. Here is a preparation of chronic dysentery, which presents a very curious appearance; the mucous membrane is finely mammilated, as it were, and it is stated on the label, that the process of cicatrization was going on. If you compare it with the others, you will find a remarkable difference. Here is another specimen of dysenteric destruction.

Here, then, is a disease in which we have violent inflammation of the mucous membrane and submucous cellular tissue, and, in severe cases I believe, of all the coats of the great intestine, except the serous. Let us rehearse its symptoms briefly. Fever of an inflammatory or typhoid character, great pain and excessive irritability of the great intestine, morbid discharges of purulent, bloody, and lymph matter, twisting pains called *tormina*, and frequently the absence of fecal matter in the dejections.—*Ibid.*

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30. *Destruction of the Central Substance of the Spinal Marrow.*—M. MAISON-NEUVE has communicated to the Anatomical Society of Paris, the interesting, and perhaps unique case of a woman affected, at the age of twenty-six, with a paralysis of motion and sensation of the upper extremities and of motion alone in the lower limbs, coinciding with the destruction of the gray or central substance of the upper portion of the spinal marrow to the extent of eight or nine inches: a species of accidental "*syringo-miêlie*," analogous in form to that sometimes met with congenital.—*Archives Gén. Feb.* 1834.

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31. *Cartilages not Susceptible of Inflammation.*—A knee-joint affected with white swelling has been exhibited to the Anatomical Society of Paris, a part of the articular surfaces of which was destroyed, but there remained portions of cartilage which had preserved their physiological characters. This case, with many others of the same kind, has induced M. Cruveilhier to believe that these cartilages are not susceptible of becoming inflamed, and that they are mechanically destroyed in consequence of the alterations in the bone.—*Ann. de la Méd. Phys. Feb.* 1834.

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32. *Serous Apoplexy.*—Various specimens have been presented to the Anatomical Society of Paris to demonstrate that the serous effusion into the cerebral cavities is not the cause of apoplexy; but that it results from an affection of the encephalic organs, and that it is incorrect to make a species serous apoplexies.—*Ibid.*

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33. *Seat and Nature of Gonorrhæal Orchitis.*—The *Journal Hebdomadaire*, for the 17th of May last, contains an interesting memoir on this subject by Dr.