

men; continue the pill twice a day.—Evening visit: The excessive tenderness of the abdomen and thighs is completely gone, but he complains of restlessness and pain, referred chiefly to the left iliac region. Ordered ten grains of Dover's powder.

20th.—Slept well last night, and awoke this morning considerably better; and after eating his breakfast, expressed himself much relieved. Immediately afterwards, he turned over in bed, and about nine o'clock died, without any premonitory symptom.

Post-mortem examination, twenty-six hours afterwards.—Body much emaciated, and apparently shrivelled and bloodless; a somewhat yellowish suffusion of the skin and conjunctivæ. Abdomen distended, and fluctuation most distinct; the muscles were rigid from rigor mortis, and particularly prominent. Cranium not examined. Thorax: Heart perfectly healthy, but nearly empty of blood. Lungs: Slight adhesions of old standing at the apices; the apices of both lungs slightly puckered, otherwise perfectly healthy throughout, but very bloodless. A tumour, about the size of a large orange, projected upwards through the aortic opening of the diaphragm, which, on examination, proved to be a sudden dilatation of the aorta, with the diaphragm pushed up over and adherent to it. Abdomen: Liver healthy; both kidneys healthy; spleen healthy in structure internally; cavity of the peritoneum distended with blood; the crassamentum had separated by coagulation. There was one line of coagulum leading from the spleen to the lower part of the abdomen, and another from the under surface of the liver, joining the general mass of coagulum existing in the lower part of the abdomen. The whole of the convex surface of the spleen was found adherent to the under surface of the diaphragm; the bands of adhesion were all infiltrated with coagula. The cellular tissue in the neighbourhood of the spleen, the kidney, and the supra-renal capsule on the left side conjointly formed a part of the wall of the aneurism which was found to exist. Part of the under surface of the left lobe of the liver, the lobulus Spigelii, the lobulus quadratus, the gall-bladder, and the vessels leading to and from the liver, the head of the pancreas, the duodenum, and the transverse colon, all matted and glued together, formed also part of the wall above and anteriorly on the right side. The diaphragm distended over the dilated walls of the abdominal aorta, and adherent to this a portion of the under surface of the stomach at its cardiac extremity formed the upper boundary on the left side. Laterally and anteriorly the crura of the diaphragm, the cellular tissue over the kidneys, thickened and infiltrated by adhesive inflammation, formed its boundary. The dilated aorta, the duodenum and pancreas, and cellular tissue of the mesentery formed its wall anteriorly. There were prolongations of the sac downwards, involving the origin of the psoas magnus muscle on each side, and causing adhesive inflammation even of the muscular structure between and posterior to the transverse processes of three upper lumbar vertebræ posteriorly. Posteriorly the sac was completed by the bodies of the last dorsal and three upper lumbar vertebræ. The body of the first lumbar vertebra was most eaten away by the pressure, then that of the second lumbar, and then the last dorsal; the intervertebral substance between the bones remaining unabsorbed, although the pressure had absorbed at least the moiety of the body of the bones. The post-mortem examination in this case at once revealed the cause of all the symptoms: the pressure on and inflammation around the origins of the lumbar nerves and plexus giving rise to the pain and excited sensibility at the extremities of those nerves, and the parts supplied by them; the pressure on and thickening around the ductus communis choleodochus being the cause of the slight appearance of jaundice; the inflammation of the tissues around the kidneys producing the pain in that region, and also partly accounting for the lithic acid in the urine; the constant pain in the back being owing to the absorption of the vertebræ, and pointing out how much mischief may be going on with inadequate evidence.

Windsor, May, 1859.

ON A CASE OF DROPSY OF THE ANTRUM.

By JOHN GREENE, Esq., M.R.C.S., Sedgley.

MRS. W—, aged thirty-two, applied, on the 20th of March, to obtain my opinion about a tumour in her face, that she had been told was cancer. There was, in reality, a large hard swelling in the superior maxillary bone of the right side, free from soreness, but attended with a constant pain of an uneasy, gnawing character, not severe, though depriving the

patient of her rest. Close to the orbit the bone was well defined and normal. On careful pressure, at the lowest portion of the tumour, the attenuated parietes of the antrum were found to give way with a crackling sound. Inside the mouth the bone was largely distended, completely filling up the cavity between the alveolæ and the muscular covering; the mucous membrane was highly vascular. Several of the teeth were slightly decayed, but not sufficient to warrant the suspicion that dental irritation was the original cause of the mischief. As the patient gladly consented to any means that would be likely to relieve her, I proceeded to extract the first molar tooth, and introduced a trocar, through its socket, into the cavity of the antrum. From six drachms to an ounce of a thin, yellowish fluid, of an intensely bitter, nauseous taste, was then drawn off. Under the microscope, and even with the naked eye, it could be seen to be loaded with cholesterine, as related in other cases of this nature. The relief from pain was instantaneous after the operation; the swelling diminished, and the parts became soft. In the after-treatment, the bowels were acted upon; the cavity was several times injected with warm water, and the wound prevented from closing. The discharge gradually decreased, and in the course of a week had entirely ceased. The parts had recovered their natural size, and there was no pain. The wound was now allowed to heal.

She could give no account of the original cause of the affection, not remembering ever having had a blow on the part. She told me that it "came itself" between two and three years ago, and had been slowly increasing up to the time that she came to me.

Sedgley, May, 1859.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI, *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

WESTMINSTER HOSPITAL.

DISEASE OF THE SPINAL CORD THROUGH CARIES OF THE CERVICAL VERTEBRÆ, PRODUCING A REMARKABLE GROUP OF SYMPTOMS.

(Under the care of Dr. RADCLIFFE.)

It may be reasonably assumed that the caries of the bones of the neck in the following most interesting case had its origin in syphilitic disease, commencing in their periosteal coverings, extending to the spinal dura mater, the coverings of the spinal nerves, and, to a certain extent, likewise affecting the spinal marrow itself, as evidenced by the singular group of symptoms which were present. These can be defined pretty accurately through the valuable researches of Dr. Brown-Séquard. They varied remarkably in either upper extremity. Thus anæsthesia, with voluntary motion, were noticed in the left hand and arm; whilst hyperæsthesia and impaired voluntary motion were present in the right hand and arm. The same influences which affected the right upper extremity were most probably extended to the right sterno-mastoid muscle, and the right side of the constrictors of the pharynx, as the dysphagia was but partial. According to the views of the distinguished physiologist already named, the group of symptoms enumerated would seem to indicate a commencing diseased action of the spinal marrow—namely, *alteration of the anterior columns, on the right side, confined, in all probability, to the seat of the diseased vertebræ, and although in the neighbourhood, yet still below the medulla oblongata.* On the other hand, the symptoms on the left side point to some *alteration in the posterior lateral columns and posterior roots of the spinal nerves.* Voluntary movements are quite possible in this condition of the cord, although reflex actions are completely lost in all the anæsthetized parts. (See Dr. Brown-Séquard's ninth lecture, at p. 416 of the second volume of