

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-miélie*," 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 Gonorrhœal Orchitis.*—The *Journal Hebdomadaire*, for the 17th of May last, contains an interesting memoir on this subject by Dr.