

expected that he could long survive. The thoracic symptoms, however, gradually disappeared, and he was then in the same paralytic condition in which he had remained since the year 1820. His appetite was vigorous; but the food seemed to meet with some obstruction, probably at the pylorus, for it was regularly rejected by vomiting in about three hours after it had been swallowed. It is stated that at a former part of his illness a stercoraceous vomiting, which had previously recurred at intervals of from forty to fifty days, had ceased altogether for more than two years. No secretion of urine nor evacuation per anum had taken place since the commencement of the disease, in 1820; neither during all these years had there been any trace of activity in the generative organs. Strange that with such a defect and morbid state of the alimentary and urinary organs, the general health of the patient should have continued moderately good. Towards the close of the year 1831 he had a threatening of the return of his thoracic complaints; but they were speedily removed by appropriate treatment. Occasionally, too, when he eat any food which disagreed with his stomach, or took it at improper times, he was seized with alarming symptoms of cramp and ineffectual efforts at vomiting. One of these attacks, which had been brought on by a repast of fried sardinias, nearly proved fatal in the spring of 1832; for fifteen days his life was despaired of; fortunately then a spontaneous vomiting occurred by which he rejected four large masses of solid stercoraceous substance, which seemed to have been impacted in the intestines. Nature having thus relieved herself of an immense accumulation of fecal matter, which had been gradually collecting for a space of nearly three years, the health of the patient was speedily restored to its former condition. It was necessary every now and then to take away a small quantity of blood by venesection, to counteract in some degree the stimulating and plethoric effects of the ardent spirits which the patient was in the habit of drinking.

In the summer of the following year Dr. Montesanto makes the report, "that his patient's health for the last twelvemonth has been on the whole exceedingly good; and that there has been no return of the stercoraceous vomiting during that period."

The paralytic state of the lower half of the body remained unchanged; all sensibility quite gone, but the limbs not wasted, and though motionless at will, were supple and flexible.

The authentic particulars now related have attracted the attention of many of the most distinguished physiologists and surgeons in Europe; the case altogether is one of the most wonderful on record—the mode of existence in this man being allied to the normal condition of life in some of the lower classes of animals.—*Ibid*, August, 1833.

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19. *Case of Apparent Death [Life?] which lasted Three Weeks.*—A young man who had recently been cured of a tertian fever, was admitted into the hospital at Paderborn, under the care of Dr. Schmid, for symptoms indicating tubercular phthisis. He gradually became exceedingly emaciated, and at length died.

After all traces of breathing had ceased, a few irregular beats of the pulse were felt, and the eyes opened of themselves. Some small eschars artificially produced, exhibited signs of suppuration on the second, third, and fourth days. On the fifth, one hand was found to have been turned round; and on the sixth and ninth days a partial perspiration bedewed the skin. After this period several pemphigus-like bullæ made their appearance. The limbs remained quite pliant; the lips preserved their red colour until the eighteenth day, and the expression of the features even at this date was that rather of a living than of a dead person. At the end of the third week there was no offensive smell nor any other sign of putrefaction.—*Med. Chir. Rev. and Journ. der Pract. Heilkunde*.

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20. *Cyst in the Brain.*—M. VERNOIS has presented to the Anatomical Society of Paris, a cyst of the size of a large nut, which he discovered in the posterior

part of the right hemisphere of a patient who had died of laryngeal phthisis, and who had never exhibited any symptom of disease of the brain.—*Archives Gén. March, 1834.*

21. *Acute Rheumatism terminating in Suppuration.*—The termination of rheumatism by suppuration is certainly not common, though MM. GUERSENT and DANCE state that they have met with a considerable number of cases of it, the former in children, and the second in women in child-bed; M. Louis has also met with one example of it, an account of which is published in the *Gazette Médicale* for 1831. A still more striking case is related by Dr. Dégardin in the journal just named for April 12th, 1834.

22. *On Cancer of the Stomach.* By WILLIAM STOKES, M. D.—[Extracted from his Lectures on the Theory and Practice of Medicine, delivered at the Medical School, Park Street.] Pathologists are divided as to what is the cause of cancer of the stomach, but the best informed are of opinion that, in those cases of gastric disorganization, which are called cancer or scirrhus, all that can be demonstrated by the knife is referable to the results of chronic inflammation. This is a different proposition from saying, that chronic inflammation *alone* will produce cancer. As yet we know little of cancer; dissection of cancerous organs gives but scanty information; but this seems certain, that, in particular conditions of the economy, an inflammation of the stomach will end in cancerous disease. Here is an excellent preparation of the stomach of a person who died of cancer of that organ. For several years before his death he had a jaundiced look, an emaciated appearance, frequent vomiting, and severe pain towards the termination of the digestive process, a circumstance which denotes disease of the pylorus. He had also hæmatæmesis. You see the inner surface in the vicinity of the pylorus presents ulcerations of the mucous membrane and thickening of the sub-mucous cellular tissue. The pylorus itself does not appear to be at all contracted, but the parts around it are in a state of extraordinary disease. Look at the preparation again, and say what could bitters, or acids, or alkalis, or tonics have effected in a case of such extensive disease. Here is a stomach, in a state of long-continued chronic inflammation, and exhibiting lesions, which some would designate as cancer of that organ. Now, though I do not know the treatment which this patient underwent, I would venture to say, that he took plenty of the usual anti-dyspeptic medicines. Yet in a vast number of cases, when enormous quantities of these remedies are taken daily, the stomach is in as bad a state as that preparation exhibits, and I feel the more strongly convinced of this, because I am aware that many persons die after having gone through the whole routine of anti-dyspeptic practice, and, when they are opened after death, incurable disease of the stomach is discovered. Here is an example of vast cancerous disease of the stomach; here is a very interesting specimen of chronic gastritis, chiefly representing a most remarkable and circumscribed ulcer at the termination of the stomach. Here you see is the ulcer, with raised, thickened, and introverted edges. Now, in all probability this ulceration was exceedingly chronic, for you perceive nature has been at work with it, and has made some attempts at preparation. It is in such a case as this that patients generally refer their pain to a particular part of the stomach: digestion goes on without any pain until the food reaches a certain point, when acute pain is felt, and this continues until it is relieved by vomiting. The occurrence of this symptom, after an attack of acute gastritis, would lead you to suspect the formation of one or more ulcers, and the persistence of this localized pain should induce you to persevere in employing every means in your power calculated to remove the disease. The preparation which I now exhibit is interesting, as it shows the effect of corrosive poison on the stomach. The patient, to whom this stomach belonged, died in consequence of swallowing a quantity of sulphuric acid; here you see the consequences, the mucous membrane is black and disorganized, exhibiting this ragged appearance. In some cases of malignant fever