

daily expected. At the end of this time, however, the vomiting ceased almost entirely, and the stools became natural. She took the milk and jelly with appetite, and only complained of the privation of more substantial food. Her countenance became cheerful, but still the emaciation went on increasing. Injections of beef tea were now recommended. In this condition she continued the next three months, having about once a week or fortnight an attack of vomiting, or a return of diarrhœa preceded by a rigor and a paroxysm of fever. Once also one of the legs became œdematous, the swelling being preceded by pain and increased heat. Latterly she was able to leave her bed some hours every day, and indulged in a somewhat greater latitude in articles of diet; until at length a colliquative diarrhœa of not unnaturally colored, but very offensive, discharges came on, and a week afterwards she expired.

Autopsy.—The cadaver was emaciated to the utmost degree. A tumor about the size of an orange was seen through the integuments, above the navel, a little to the right side. On opening the abdomen the stomach was found greatly distended, and contained a considerable quantity of a coffee-colored fluid. The larger extremity was thin as paper, denuded in places of the mucous lining, the remainder of which was white and softened, and the whole so tender, that it gave way to the slightest handling. The pyloric portion was converted into a solid tumor, pale and hard. The submucous coat of the stomach, in this situation, was found on division to be thickened to the depth of from half an inch to an inch, and of great hardness; white bands running across. Pale reddish fungi covered the mucous surface, corresponding in appearance exactly to those depicted in Dr. Seymour's plate. When cut into, these fungi consisted of a soft whitish matter. The liver and other viscera appeared pale, but not otherwise diseased.

APOPLEXY OF THE SPINAL CORD.

Apoplexy of the Spinal Cord: from Reports of Medical Cases. By
DR. BRIGHT.

MR. BENJAMIN B., aged 48, was engaged during the greater part of his life in the merchant service at sea, performed many voyages to India and China, and in general enjoyed good health. In 1812 he received a violent chill at St. Helena, which brought on a rheumatism, with which he labored for many years. The muscles of the trunk both before and behind were occasionally affected; his bowels were habitually costive, and the digestive organs generally out of order. This was his last voyage. He engaged in commercial business at home, but, not proving successful, his health suffered through care and anxiety; he fell into a declining state, attended with nervousness, increased flow of urine, and some degree of emaciation. On the night of April 20, 1826, he sustained a slight paralytic attack, by which his mind and speech were a little disordered, and all the muscles on the left side were weakened. From the effects of this attack he never recovered; neither his articulation, however, nor his faculties, were sensibly impaired; and, from being at first hemiplegic, he gradually became paraplegic, in which state he died

April 16, 1827. During the two months preceding his death, the palsy having decidedly seized the trunk, the use of the catheter became necessary. There was also slouching about the nates, of the fetor from which his olfactory nerves were sufficiently acute to render him conscious. The act of death may be said to have occupied thirty-six hours; the powers of evacuation, speech, deglutition, the mental faculties, and the remaining muscular force, were successively extinguished. The respiratory function ceased the last. "As he sat up in the bed supported by pillows, the head and body vacillated from side to side; the breathing became laborious, and sometimes moaning and stertorous; the eyes were half closed, and had a wild and vacant expression; but as long as the power of communication continued, he signified that he was free from pain and distress."

Upon examining the head and spine, the following appearances were observed. The brain was sound, with the exception of a little serous fluid between the membranes, and some congestion in the veins of the pia mater. The disease had been apparently seated in the coverings of the spinal cord, which exhibited evident marks of inflammatory action, although the cord itself presented no visible derangement. Serous fluid, in considerable quantity, was found between its membranes, and the arteries of the pia mater were much injected. "Within the upper dorsal vertebrae, on the left side, rather more than an inch in length, in the direction of the spinal axis, and about half an inch in a transverse direction, was an apoplectic cell, containing the red and broken remains of a coagulum; and lower down in the spinal canal, the internal ligament was to some extent deeply marked by ecchymosis, as if in progress towards the formation of another similar effusion. The extravasation appeared to have been wholly external to the cord, which was in consequence compressed; but as far as could be perceived, it was neither disorganized nor inflamed. The coagulum seemed to be subjacent to the pia mater, and to be enclosed in a false or adventitious membrane."

Here, then, was clearly hemiplegia of the left side, arising from an apoplectic effusion on the same side of the spinal cord; although the right side of the brain, it should be observed, did certainly exhibit an undue degree of vascularity. This, however, agreed perfectly with the symptoms, and more especially with the fact that the complaint was purely paralytic, and eventually assumed the form of paraplegia, while the senses and the mental faculties were not obviously impaired.

It is justly observed by Dr. Stroud, that we may derive several useful and interesting conclusions from the history of the foregoing case. For example, it would appear that conditions purely nervous, and originating in long-continued mental disturbance, may, according to predisposition, induce an inflammatory or hemorrhagic state of the membranes investing the brain, or the spinal cord; and that this state, operating through the medium of the nerves, may exert an extensive influence both on the solids and on the fluids of the body. Under the exacerbations which repeatedly occurred in this case, the intensity of the secondary irritation progressively advanced, from itching and smarting to severe rheumatic pain, chiefly between the shoulders and on the affected side. The blood became buffy; the bile dark-colored and concentrated; the alimentary

canal abounded with acidity. Without any apparent disorder of the stomach and bowels, the tongue used to become red, or foul, or parched ; and all this obviously from the state of the nervous system. The excitement which proceeded from the left side of the spinal cord to the right side of the brain, furnishes an interesting illustration of an occurrence which usually takes place in the opposite order of succession, and affords additional evidence that the corresponding halves of the central mass of the nervous system decussate in the medulla oblongata.

CANCER OF THE BLADDER.

Cancer of the Bladder—Puzzling Case.

A MAN named Rossignot, aged 65 years, entered the hospital on the 13th Jan. 1831, saying he had been afflicted with rheumatism for a long time. His complexion was delicate, his limbs slender, and his features shrunk—in fact, he was greatly emaciated. He complained of a burning heat internally, and had much thirst, with constipation of the bowels, but little or no tenderness on pressure of the abdomen. He had severe pains in the loins, and indeed in both of the lower extremities. He had incontinence of urine, and his body and clothes smelt strongly of that excretion. This incontinence had existed for eighteen months, with some periods of retention of the same, the urine being very turbid, and sometimes mixed with blood. M. Biett conceived that there was some organic disease of the urinary organs. The pains in his loins increased rather than diminished, and on the night of the 16th of the same month, he was seized with hæmaturia ; and the next day, in the midst of interrogations, he suddenly expired. The reporter, M. Berard, here asks what medical man, after observing the above symptoms, would hesitate to pronounce the disease NEPHRITIS CALCULOSA ? This opinion was that formed by M. Biett, and participated in by M. Berard ; yet they were both mistaken.

On dissection, the kidneys were free from disease. The ureters were as large as the jejunum. The bladder filled a great part of the inferior pelvis, and was knotty on its surface, its cavity almost obliterated, and its parietes thickened enormously by a malignant fungoid disease. A cauliflower excrescence, of a cancerous character, projected from the bladder towards the inguinal ring ; and another penetrated through the great ischiatic notch, compressing and blending with the great sciatic nerve. A third excrescence ascended from the fundus of the bladder towards the lumbar vertebræ, compressing the ureters, and obstructing the discharge of urine into the bladder. These post-mortem facts explained all the vital phenomena, though it would not have been easy to predicate the real nature of the malady during life.—*Revue Medicale.*

ON THE USE OF TOBACCO IN GOUT.

Observations on the Use of Tobacco as a Local Application in Gout, and other Cases of Constitutional Inflammation. By JOHN VETCH, M.D., Physician to the Charter-house.

UNDER other circumstances it had been my intention to give to the public a series of detailed cases to establish the beneficial effects of tobacco as