

On the evening of the 20th there was complete hemiplegia of the left side. The *flexor* muscles of the arm, and the *extensors* of the leg being rigidly contracted.

From this time the whole body was involved in the spasms. Her strength was very much exhausted; but yet no interruption of consciousness. She continued in this way without material change till the morning of the 22d.

In reply to inquiries by the friends whether there was any hope, and whether I could do anything more for her, I said "No." They then asked and received my consent to "try somebody else." They put her under the charge of a physician who boasted of his skill in cases of *fits*, and whose diagnosis was that *irritation of the mucous coats of the stomach* was the cause of the spasms. I learned that she died at 1 o'clock A. M. the 26th, seventeen days after the establishment of the convulsions.

Post-mortem thirty-nine hours after death, conducted by Dr. Armsby, in presence of Drs. Bigelow, Boulware, Stevens, Haskins, Northrop, and myself. Rigor mortis well marked; only the head examined. On removing the calvarium a small spicula one-eighth of an inch long was found above the right orbit, but no lesion of the brain in the part next to it.

In the anterior lobe of the right cerebral hemisphere, exterior to the posterior lobe of the *corpus striatum*, and involving a deep convolution from the surface of the brain, was found a dark-coloured tumour three-quarters of an inch long and one-half as large in its transverse dimensions. The anterior part was composed of a recent clot of blood. The posterior and larger portion was harder. On cutting through it transversely it appeared to be a tubercular formation with a granular deposit, which felt gritty to the fingers. A portion of the pathological specimen when placed under the microscope was found to consist of a number of small particles of granular matter, presenting the usual appearance of tubercle.

The tumour had doubtless been forming four or five years, and caused the symptoms described. The clot of blood might have been formed at the time of the convulsion three weeks before death, and might have been derived from vessels of the pia mater which were involved in the tumour.

ART. XVII.—*A New Remedy in Gonorrhœa.* By J. S. PRETTYMAN, M. D.,
of Milford, Del.

IN July, 1859, while narrowly observing the effects of oil of erigeron administered in a fearful hæmoptysis, I was led to suspect that it would prove a useful remedy in the treatment of gonorrhœa. Acting upon this presumption, I immediately commenced giving it to a patient then under my care, in whose case all the vaunted specifics had most signally failed. He improved at once, and was speedily cured. Since that date I have prescribed it in about fifty cases, with unvarying success. It arrests the discharge in about 72 hours, and effects a cure in from six to eight days. I do not recommend it as a specific in all cases, but design merely to bring it to the notice of the profession as an exceedingly valuable medicine in this disease. Of course

all scientific medical practice is based upon the well-known pathological condition of the structures involved, and this is our unerring guide. When, in recent cases, the urethral inflammation is severe, my plan is to precede the remedy with a full dose of some active hydragogue. A good formula is: R.—Pulv. senna ʒij; pulv. jalapa ʒj; pulv. aromatics gr. x. M. Add a gill of boiling water and a teaspoonful of sugar, and, when sufficiently cool, agitate, and swallow at a dose. As soon as this operates, give ten drops of the oil on sugar, and three hours later a full dose of spts. æther. nit. in infus. althea, and so on every three hours alternately until the urethral irritation is allayed. Then leave off the latter, and continue the oil until the cure is complete. If the case is not recent, or there is but little urethral irritation, the oil alone is sufficient.

I have used it also in combination with eopaiba and other articles, and found such preparations to answer a good purpose, but no better than the oil alone.

The oil which I use is reputed to be that of the *Erigeron Canadense*; but I presume that from the *Philadelphicum* is equal, if not superior, for this purpose.

ART. XVIII.—*Gunshot Wound of the Bladder; Recovery.* By ISRAEL B. WASHBURN, M. D., late Surgeon 46th Ind. Vol. Inf., now of Star City, Indiana.

SAMUEL STUART, private of Co. B, 46th Ind. Vol. Inf., who is "temperate in all things," and enjoyed perfect health, was wounded in a skirmish near Fort Pemberton, Miss., March 11, 1863, during the Yazoo Pass expedition. The ball entered the abdominal cavity immediately above the right pubic bone near the symphysis, passing backwards and downwards through the fundus of the bladder, making its exit through the great sacro-ischiatric notch of the corresponding side. The shock was very great, but he finally rallied after the free exhibition of whiskey and morphia. The prognosis of all the surgeons present was that he would die. The urine flowed from the anterior and posterior openings at the same time, saturating his clothes and bedding. Cold water-dressings were all that were applied up to the sixth day, when he was sent to general hospital at Helena, Arkansas.

12th day. He is doing well; the posterior opening has closed, and the anterior is closing rapidly. I did not see him again until in June, 1864, in the Veteran Reserve Corps, at Indianapolis. He looked the very picture of health, but he said that he was troubled with shortness of breath upon the slightest exertion; otherwise he considered himself entirely sound, and wished to return to the "old regiment."