

well out from the gut, and a ligature tied tight around its base. The larger of the two was transfixed with a needle carrying a double ligature, and the base firmly ligated in two separate portions. They were then returned into the rectum and the patient placed in bed.

The hemorrhoids were thrown off in eleven days and he left the hospital on the 30th March, completely cured.

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*Hemiplegia, probably from Softening of the Brain, with disruption of its fibres.* Reported by Mr. Wm. Harkin.

Robert Douglas, æt. 28, a store-man, was admitted into the Montreal General Hospital, March 16th, 1858, under Dr MacCallum. Has no family history of apoplexy or any other hereditary disease; his own health was always very good. Four years ago he had an attack of deafness in his left ear, caused by exposure of that side of his head to a cold wind for several hours. It was attended with dizziness, severe headache, and some confusion of thought, but got well of its own accord in a few weeks. There was no paralysis then of that side of the face. Has been of intemperate habits, and has had syphilis. For the last month he felt drowsy and stupid, but had no pain in his head sometimes feeling dizzy and slightly confused. On the 13th inst. he was at work as usual, and about 3 o'clock p.m. felt a sudden pain in his left eye, with a tingling numb sensation of that side of his face; got very weak and would have fallen, only that he was supported by another person present; did not lose consciousness. After a short time he felt able to go home in a sleigh, where he remained till the 16th inst., and then entered the Hospital, when his symptoms and condition were as follows:—

Is a somewhat plethoric man, of sanguine temperament, face flushed, tongue moist but coated, skin moist and warm, pulse nearly 100 per min., but of natural strength. When he walks he drags his left leg and staggers, but says he does not feel it any weaker than the other. Its sensation is also perfect. The left side of his face is paralyzed, and its sensation very much blunted, feeling numb and tingling, his mouth is drawn to the opposite side, and lips on the left side swollen, and the left eye slightly inflamed. When he puts out his tongue it projects to the left side, but he can turn it to the other side at will. His sense of taste is not affected, but his voice is somewhat husky, and his articulation imperfect. The pain in his eye is much diminished, but there is still some confusion, and a tendency to doze a great part of the day, although he thinks he sleeps very little. His bowels have been habitually costive.