and he with the control of the contr

be in this family that so many should fall a prey to incarceration of the bowel? The only thing particularly observable in this individual case was the great quantity of tissue in the longitudinal muscular coat of the intestine.

GENITAL IRRITATION AS A CAUSE OF NERVOUS DISEASE.

BY GEO. M. AYLESWORTH, M.D., COLLINGWOOD, ONT.

My attention was called to this matter by an article in the American Fournal of Medical Sciences for October, 1876, written by A. McLane Hamilton, M.D. I must refer those interested to Dr. Hamilton's article for an exposition of the physiological principles that underlie the train of symptoms noted. He mentions Dr. Jacobi and Dr. Sayre as almost the only observers who have directed attention to the subject, and states that the latter gentleman has reported ten cases in which the condition was recognized. To these Dr. Hamilton adds four more reported in the article above mentioned, and he divides the neuric symptoms arising from this condition as follows:

First, those expressed by want of muscular power,
—Paresis, including paraplegia and partial paresis
of isolated groups of muscles; paresis of the muscular fibres of the bladder.

Second, Sensory—Hyperæsthesia, anæsthesia, dysæsthesia.

Third, Vaso-motor—Priapism, local hyperæmia. Fourth, Hyperkinesis—Choreic movements, transitory contractions.

Fifth, Physical disturbances—Loss of consciousness, impairment of memory, irritability of temper, melancholia, dementia.

The patient may present many of these symptoms at the same time. C. S., a boy about five years of age, a case under my observation, the symptoms when first seen were

First, those expressed by want of muscular power,
—Partial hemiplegia. The paralysis being complete in the left side of the face and in the extensor muscles of the left fore-arm; partial in the
tongue and the extensor muscles of the left leg.
The flexors were not affected; there was atrophy
of the affected muscles which was nothing like so
great in the opposing groups, although existing to
some extent.

Second, Sensory-Hyperæsthesia.

Third, Vaso-motor—Priapism, almost constant. Fourth, Hyperkinesis—Transitory contractions,

occurring when he lost consciousness.

Fifth, Physical disturbances—I loss of consciousness, occurring as often as every five minutes for several hours at a time. It was only me nentary, but complete. These attacks were epileptoid in character, and his parents had come to denominate them as speals. Irritability of temper.

There was also adduction of the left leg and contraction of the sural muscles, drawing up the heel of the left toot. The eyes were constantly twiching, and during the *spells* were drawn violently to the left.

When the child was about two years of age, and residing in the Western States, the parents had first noticed these attacks, and they constantly increased in number and severity, notwithstanding he had taken a great many courses of medicine for nervous disease under the direction of a number of medical men, both in the United States and Canada, the genital organs having been entirely overlooked. Upon examination marked phymosis with a prepuce in a high state of irritation was noted. I performed circumcision; the wound did not heal satisfactorily, and it was several weeks before it was entirely closed. It was several weeks after this event before the epileptoid attacks ceased entirely; although slight, the changes in his condition were sufficient previous to this to encourage me to hope for ultimate success. Having once ceased, they have not returned except for a short time while the patient was suffering from derangement of the stomach and urinary organs, which yielded rapidly to treatment.

The present state of the patient one year after operation:—

First, those symptoms expressed by want of muscular power—Paralysis of face and tongue absent, not quite so marked in arm and leg. Patient frequently in walking, places left foot squarely on the floor.

Second, Sensory-Absent.

Third, Vaso-motor-Absent.

Fourth, Hyperkinesis-Absent.

Fifth, Psychical disturbances—Absent. Eyes normal.

The patient has grown very rapidly, and is very hearty looking. The affected side has kept pace

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