

Velpeau, and himself; the general and unanimous opinion was that 7-10ths of her body were paralysed. She had been sixteen days in the hospital, when Professor Cruveilhier and Dr. MacLoughlin met accidentally in one of the wards, a discussion took place and the latter repeated his offer, to prove that the patient was not ill; it was therefore agreed that two days after, the consultation should take place. They met on the 26th February, 1840, in Professor Cruveilhier's ward, at the bedside of Mrs. H. About 150 or 200 medical men, amongst whom were Professor Bouillaud, Gerdy, Telpéau, Dr. Ollivier d'Angers, were present. Professor Cruveilhier stated, 1° that Mrs. Hardern had completely lost the sense of feeling of the right side of the face and head, of the right conjunctiva and mucous membrane of the corresponding nostril; 2° that the elevator muscles of the lower jaw on both sides were paralysed, so that the mouth could not be kept shut, and mastication could be performed only by the help of the hand pressing the lower jaw against the upper; 3° that she had lost the power of speech; 4° that the tongue was completely paralysed, and that manual interference was necessary to draw it out of, or push it back into, the mouth; 5° that the pharynx was paralysed and deglutition impossible; 6° that the right arm, bladder, and rectum were completely paralysed; 7° that paraplegia existed; and 8° that the cause of these maladies was, a tumour in the brain.

After thus demonstrating the existence of these diseases, Professor B. further stated, that Mrs. Hardern had, during the 18 days she had been in the hospital, taken nothing but tea in small quantities at a time, which she swallowed with considerable difficulty. Dr. M. requested that some might be given her, "She applied (p. 418) her lips to the cup firmly, and drew in a sufficient quantity of the liquid to fill her mouth without spilling a drop; she then put away the cup, and kept her mouth closed for some seconds without making any effort to swallow, she then allowed the lower jaw to fall and the liquid to run out on both sides." Dr. M. said, "that from the manner she had applied her lips to the cup and performed suction, it was evident that the muscles of the lower jaw and the tongue were not paralysed; that from the manner she had retained the liquid in her mouth without coughing, and propelled it out of that cavity, that the muscles of the pharynx were not paralysed. These points were so clearly proved, that Professor C. admitted 'that she somewhat exaggerated her sufferings' (p. 49.) Furthermore pressed by the evidence drawn from anatomy, physiology, and pathology, he admitted 'that there was no paralysis of the tongue, pharynx, and elevator muscles of the lower jaw.'" "I cease to maintain," added the professor, "that any of the organs situated above the superior extremity of the sternum are paralysed, but I assert, that the right arm and lower limbs are completely so, for no pain is manifested when she is pricked with a pin, nor can any voluntary muscular contraction be perceived when the limbs are thrown in every direction." (p. 50.)

Dr. MacLoughlin gives in the work before us, the reasons why he continued the consultation, after the avowal by Prof. C.; they do not, however, appear to us satisfactory. In our opinion it ought to have ceased the moment the foregoing admission was made; still in a scientific point of view, we must thank Dr. M. for following the Professor through the whole case, for he drew the attention, as Professor Gerdy said, to points of pathology as yet unknown, or not sufficiently studied in France.

Passing therefore to the hand, evidently from the colour and softness of the skin, the natural heat, the perspiration in the palm of the hand, the non-atrophy of the tip of the fingers, and the state of the pulse at the wrist, it was perfectly healthy, and apt to perform all its functions. The lower extremities were next examined, and here the discussion became highly interesting, in as much as it touched on

the highest branches of medical science. Professor C. contended, that the functions of the rectum and those of the bladder remained under the controul of the will in complete paraplegia. Dr. M. denied this, and appealed to anatomy, physiology, and pathology to prove that these two organs must also be paralysed, and execute their functions involuntarily; and that not only this occurs constantly in complete paraplegia but that also the urine becomes alkaline; a pathological fact which Professor Gerdy acknowledged was new to them. Both parties joined issue on these points, and the Professor was ably assisted by one whose firmness of purpose was worthy of a better cause.

Mrs. Hardern had, for fifteen months, stated that she was affected with paraplegia, had been in the hospital eighteen days; and had been visited by a vast number of medical men. She was aware of Dr. M's opinion, concerning paralysis of the bladder and rectum in complete paraplegia; and therefore did all in her power to have it believed that this was the case. Thus, on her entering the hospital she asked for, and obtained a female catheter, with which she drew off her water daily; aware that if she eat, the bowels must act, she took while in the hospital only very small quantities of tea, therefore no motion had taken place during these eighteen days. The catheter having been taken from her, at Dr. M's request, the day before the consultation, "the bladder was found (p. 45; 2d ed.) distended; but not a drop of urine had escaped from the urethra," and (p. 45;) "on introducing the catheter, the contents of the bladder were propelled to the distance of about four inches from the end of the instrument. The urine was acid; and contained no mucosities. The sphincter was firmly contracted; no traces of the escape of feculent matter; nor had the bed clothes or body linen ever been soiled by urine or feces. The skin on the sacrum was not red; no signs or scars were visible, proofs that she had not been lying on her back fifteen months, nor the eighteen days she had been in the hospital." Dr. M. therefore concluded, that neither the bladder nor rectum were paralysed, and that the state of the skin on the sacrum, indicated that she had not remained fifteen months on her back or even eighteen days, which would have been the case had she been completely paraplegic. Dr. M. further contended, that since the bladder and rectum were healthy, and under the controul of the will the lower extremities could not be completely paralysed. "For," argued he, "if the portion of the medulla spinalis, from which the nerves distributed to the sphincters of the rectum and bladder arise, is healthy, the portion from which the nerves of the lower extremities originate, must be so likewise, and consequently the lower limb, cannot be completely paralysed," (p. 56.) Unable to convince his adversaries, Dr. M. asked, "Since you affirm that the patient is affected with this disease, how long can she live?" "Three days," replied Prof. C.—"I accept your prognosis," said Dr. M. "and to shew you that my diagnosis was not formed without mature consideration, keep Mrs. H. in the hospital, one, two, or three months, surround her with every care, I will be the first to thank you. During this period, you will discover that my statement is correct, and that you will be the first to acknowledge your error," (p. 69.)

Eight days after the consultation just mentioned, Mrs. H. left the hospital, taking with her another certificate from Professor Cruveilhier that seven-tenths of her body were completely paralysed. With this new certificate, Mr and Mrs. H. began to annoy Dr. MacLoughlin, and Professor Cruveilhier, having in the 35th number of his work on pathological anatomy, reported the case in the light in which he viewed it, Dr. M. published eleven months after the consultation, the 1st edition of his pamphlet. This publication convinced many of the professors, and they expressed themselves to that effect; not so Professor C., for he convened Professors Andral, Breschet, Chomel and Mor-