

with urine. It was firmly attached to the brim of the pelvis by strong adhesions of cellular tissue, binding down the aorta at its bifurcation and the upper portion of the rectum against the projecting lumbar vertebra—both illiacs and the middle sacral arteries were filled with a firm coagulum; in the left, which was traced, this coagulum extended through its divisions and along the femoral. The ureters were much enlarged, being nearly the size of a finger. The bladder was found to contain fully four pints of urine, and was not as fully distended as its capacity would admit of, a circumstance accounted for by the frequent involuntary evacuations which preceded immediate dissolution. The rectum was much diminished in size. The neck of the bladder was buried in a mass of condensed cellular tissue completely infiltrated with lymph, resembling a solid mass of diseased structure. The coats of the bladder were much thickened and soft, the mucous coat being thickened and plicated—the fundus and anterior portion of the body were free and were capable of extension.

These appearances would seem to justify the opinion that the case had been one of chronic cystitis of long standing, commencing most probably at the period of the first injury received three years before; and is an evidence of the fact that inflammation of this viscus may exist in a chronic state and be purely local in its character for a considerable time, slowly producing great changes in its tissues, unrevealed by any very prominent indications of disease. The length to which I have already extended this article, precludes me from adding more than that I have not yet found in the books which I have been able to consult, the record of a similar case, presenting the pathological conditions here detailed. There are many points of practical importance involved in its history, but these I must reserve as the subjects of reflection and future comment.

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ART. IV.—*Cases of Laryngo-Tracheitis*:—1 coming under treatment in the 1st stage, 2 in the second, Recovery, Remarks:—by JOHN CROXYN, Fort Erie, C. W.

So abundant is the present era of our professional history in the production of real or supposed novelty, and so rich appear to be the results of the labour of its members, in the development of new facts or coining of new theories, that it requires some amount of moral courage to bring before the senior members of the profession merely cases which have neither the charm of novelty nor the attraction of brilliant elucidation to recommend them. I believe it will be conceded however, that it is by no means an unprofitable task to review, from time to time, the facts we have observed and endeavour to derive from them some general rule or law by which to be guided, before the data enabling us to do so, have faded from memory. I am induced therefore to transmit for publication in your valuable Journal, the following cases, if deemed worthy a place therein; not so much to found any rule upon, as to add my mite in corroboration of a particular line of treatment.

Case 1.—WM. D——, *Æ*, 5.—A strong healthy boy; Augt., 18, 1850, at about 10 o'clock, P. M., was, without any cognizable prodroma