

walking and stooping, and abated when she lay in a horizontal posture. She also felt pains shooting along the limbs, with diminished muscular power, particularly of the left leg, which became so weak and paralytic that she could scarcely move it, rendering her unable to walk or to take exercise, and confining her chiefly to the bed or sofa. A variety of treatment was employed for these complaints, but with little benefit to the patient. She was now seen by an intelligent surgeon, who directed attention to the spine as the seat of the affection, discovering much tenderness on pressure over all the dorsal and a great portion of the lumbar vertebrae. He employed counter-irritation to the part, exhibited tonics, and occasionally purgatives, and recommended rest in the horizontal posture: and after several months, she got so well, as to be able to walk out a little, and felt her health in every respect improved.

Her complaints have remained stationary for some time, and of late little has been done in the respect of treatment. She is still able to walk out, but assists herself with a crutch, as the left leg is considerably weaker than the right. But there is not much difference felt in the power of the arms, the left arm being nearly as strong as the right. Sensation is not so acute on the left side of the chest, and in the integuments of the left leg, as in the opposite side. She complains occasionally of giddiness, and pain in the chest, extending towards the sternum, increased by pressure on the dorsal vertebrae. She has also some difficulty in micturition. Appetite good, bowels rather constipated. During the whole period of her illness, the catamenia has been perfectly regular.

I have frequently visited this patient, along with the medical gentleman who attended her, and on examining the spine, find that there is no distortion, but anchylosis seems to have taken place between three of the dorsal vertebrae, and the part where there was formerly great pain and tenderness on pressure. She complains much of stiffness of the spine, with difficulty in stooping or turning to a side, and has every symptom of a decided and permanent spinal affection.

Case 14.—J. C., aged twenty-eight years, sister of the last patient, has been long in a delicate state of health, suffering from an affection of the spine. States that at the commencement of her illness, about twelve years ago, she was frequently affected with giddiness and dimness of vision, rendering her liable to stumble when she walked. She was seized with an acute pain in the left side of the chest, near the apex of the heart; the part was tender to the touch, and often so painful that she could not bear the pressure of her clothes on it; had difficulty of breathing, and palpitation of the heart. She also suffered from severe pain in the stomach, with weight and sense of fullness after food, which frequently terminated in vomiting; had acute pain across the bowels, difficulty