

which were encountered by the ordinary treatment. In the course of a few days she was attacked by flying pains across the upper part of the thorax. They varied considerably in their direction. Sometimes they would shoot down the arms; at other times across the neck; at other times the whole scalp became involved, from the occiput to the frontal region. Increasing in intensity, the slightest alteration in the position of the head, was sure to exacerbate them if present, or to induce them if absent. There was scarcely any febrile excitement; her pulse regular, and no headache, except the pain described, which was frequently agonizing. There was, however, nausea and costiveness. There was but little tenderness on pressure in any of the parts in which she suffered these pains. Suspecting spinal irritation, the spine was carefully examined, *but no local evidence of such an affection was discoverable.* Her chest was examined by the stethoscope, but no abnormal sound, except a mucous r le at the upper part of the left lung, was observed. The case was viewed as one of neuralgic rheumatism, and treated accordingly. In the course of a fortnight she was sufficiently recovered to bear removal to her mother's house, and her strength became there, in a few days more, so far restored as to enable her to walk about, and even to join the family circle. She, however, again laboured under the prolapsus, and was again compelled to adopt the employment of the sponge pessaries, and the astringent injections.

From this time her convalescence had every appearance of being progressive, when about the beginning of March a new train of symptoms began to develop themselves. Nausea and vomiting, especially after ingesta—obstinate costiveness—shooting pains across the lower part of the thorax, and apparently along the attachment of the diaphragm—anxious and hurried breathing, with frequent sighing. Her spine was again examined, and *a marked tenderness on pressure was now for the first time observed over the seats of the ninth and tenth dorsal vertebra,* pressure here exciting the thoracic inquietude. Remedial measures were immediately directed to this part. This treatment consisted in the employment of repeated blisters, and counter-irritant ointments of tartar emetic and croton oil. The internal exhibition of occasional brisk purgatives, in which the croton oil was the chief ingredient, and a mild mercurial salivation. Bleeding was not deemed expedient, in consequence of her habit of body, and her general debility. There was yet but little acceleration of the pulse, and but a very trifling febrile reaction. The pains and uneasiness, despite of this treatment, which was strictly carried out, augmented, and became most acute, as well as much aggravated by the slightest pres-

sure. On the 14th March, her pulse had increased to 100, with considerable fever and thirst. The dyspnoea increased, especially towards evening and during the night, but remitted towards morning and during the day. She complained of a sensation, as if "*her chest was bound by a hoop,*" which now became a new symptom; superadded to those detailed. On the 21st, a remission in the severity of all the symptoms took place, and she both looked and expressed herself as being better. This apparent state of amelioration continued for a few days. Early on the morning of the 24th, I was hastily called up to see her, the message left being to the effect that she was dying. Desirous of availing myself of Dr. Holmes' experience, we from this time attended the case together. We found her recovering from a state of apparently hysterical delirium, in which she had been during the latter part of the night. There was no fever, thirst great, tongue much loaded with a thick white fur, pulse about 96, small, and rather sharp, retention of urine, no alvine evacuation since the preceding morning, constriction across the chest, with darting pains through it as before, sensation of numbness in lower extremities, with great pain on moving or flexing them. On examining the spine, *no tenderness was experienced on pressing over the originally tender spots, but there was considerable tenderness now over the seats of the fourth and fifth cervical vertebra.* The catheter was used, and a turpentine enema administered, which speedily brought away a large quantity of very offensively smelling f culent matter. The urine possessed an exceedingly f etid and highly ammoniacal odour. Her feet were immersed in a hot mustard bath, and the revulsive treatment to the nuch  was again adopted, the blisters being afterwards dressed by extract of belladonna. A blister was re-applied to the dorsal vertebra, over the seat of an old one, which was yet uncatrized. Although she had been previously slightly mercurialized, it was deemed advisable to put her again under the influence of mercury, and three grains of calomel, with three grains of camphor, were accordingly prescribed to be taken every three hours. An anodyne draught of tincture of opium, with succinated spirit of ammonia, was instantly administered. In the evening of the same day there was but little amelioration. She had a tranquil sleep, however, under the influence of the narcotic, which required repetition before that effect took place. It was again necessary to use the catheter, and administer an enema. The withdrawal of the catheter was always attended with great pain.

On the 25th, all the symptoms were worse. On the 27th, leeches were applied to the nuch  without benefit. Pulse 120, smaller, becoming irregular, yet still retaining its sharpness. Tongue dry, and becoming brown.