

voluntary motion. I have contented myself with carefully regulating the bowels, giving the Spt. æther. nit. with hyoscyamus and strong camphor mixture, and at night the acet. opii., gradually diminishing the dose, as I think so much opium must be injurious to him, and calculated to prevent the return of nervous energy, unless the loss of that power depends upon mechanical injury of the spinal cord, when, of course, the use of opium could do neither good nor harm.

(Some remarks here follow, having reference to a water bed for Mr. F.)

I shall report to you any interesting features which may occur in Mr. F.'s case.—I am, &c.,

Dr. Hall, Montreal.

JOHN MACKELCAN

Report of case of Mr. W. F., after his arrival in Hamilton, four months subsequent to his accident.

By J. MACKELCAN, M.D., Hamilton.

A few days after his arrival, affected with nausea and occasional vomiting, the nurse reported that the enemata, which had been exhibited twice a week, did not act efficiently; administered them then myself with a patent apparatus, instead of the common syringe which had been previously used; found great resistance to passage of enema, and slight effect from it. Examined abdomen externally, and felt hardened feces throughout whole course of colon; made then examination per rectum, and found it impacted with feces, which were removed by manual operation, after which copious evacuations were produced by enemata; the colon was thus thoroughly emptied, and the vomiting ceased. The appetite then returned, and the patient continued to improve in flesh and strength for three months; his pulse fell from about 90 to 72; his urine improved in quantity and quality, and the bladder acquired the power to expel its contents; the catheter has not been passed since the first month of residence here, and during that month only occasionally. The action of the bladder was, however, throughout peculiar; it was termed a "spasm" by the patient; it came on suddenly, and with scarcely any power of retaining its contents. During the three months above mentioned, the voluntary power in the left lower extremity improved, and sufficient was acquired on the right to lift the foot from the bed; the contraction of the lower extremities was also gradually yielding to gentle extension and friction. The general treatment during this period consisted of relieving the bowels by enemata on alternate days, and an occasional aloetic purgative, gradually diminishing the quantity of opiate which the patient had been accustomed to take when his sufferings were greater; he also took spt. æther. nit. and tinct. hyos. in camphor mixture three times a day. Shortly before Christmas, 1847, unfavourable symptoms again appeared; loss of appetite, nausea, and vomiting came on, with furred tongue, and were not relieved by medicines intended to improve the digestive organs. On again examining the abdomen carefully, a firm tumour was found occupying the right lumbar region, in front of the kidney of that side; considering that it might again be impaction in the colon, which the enemata had not reached, more copious quantities of fluid were injected, but without effect upon the tumour and its position; its feel, some tenderness

on pressure, and the symptoms produced, led me to the suspicion that a renal calculus had formed of considerable size, and that the prognosis was decidedly unfavourable. The pulse strength declined, and he rapidly lost flesh, with little hope of benefit; iodine frictions were used, and after a short time the tumour diminished, and was reduced to the feel and situation of a somewhat enlarged and indurated kidney.*

Bed sores now again made their appearance, and spread rapidly in the sacrum, the ischia, and left trochanter, with deep sloughing.

The nausea and vomiting ceased, but the appetite never returned to any extent, nor did the patient ever regain flesh. Finding that no expedient which could be adopted benefitted the bed sores, a water bed was obtained from New York, and then only the sloughing was arrested, and granulation commenced. The purulent discharge was very great, and a month before his death large quantities of pus mixed with blood, and of most offensive odour, passed per anum for days in succession, and the pulse which had for some time been rising in frequency until it reached 120, became jerking, and there were frequent profuse perspirations. During this period, also, the contraction of the lower extremities returned, and gradually became worse, until the left thigh lay along the side of the abdomen, and the right knee almost rested on the axilla, while the heel was drawn against the nates. The right limb was less contracted, but he suffered much pain in the groin of that side; and during the whole of his illness he complained of much pain in the right sciatic nerve, greatly aggravated by laying on that side, and accompanied sometimes with severe pain in the right heel. †

His sufferings were so great during the last two months, that he could not be moved for several days together, and the accumulation of pus under him greatly aggravated the bed sore on the sacrum, and no doubt led to that state of the parts which was found after death.

The reflex action of the spinal marrow was at all times easily excited, and especially during the last four months; the slightest movement of the bed-clothes producing painful twitching of the lower extremities.

He died June 6th, having sunk rapidly during the previous 24 hours.

Hamilton, June 20, 1848.

* The autopsy showing the kidney to be but moderately enlarged, and the calculi small; of what nature was the greater part of the enlargement? Could it have been urine detained in the tubes and cavities of the kidney, by the calculus, which just fitted the pelvis, and thus obstructed the water?

† Soon after the patient's arrival in Hamilton, I suspected that a transverse fracture of the lower part of the sacrum had occurred at the time of the accident, and that the apex being pressed slightly inwards, especially towards the right side, it had united at a very obtuse angle. I considered this as of no other importance than as probably accounting for the constant pain in the course of the right sciatic nerve, as should the fracture be in the line of any of the anterior foramina of the sacrum, which was the part most likely to give way, the root of that nerve might be interfered with. Had such an occurrence taken place, of course nothing could have been done to replace the bone. The post-mortem examination failed to illustrate the point, as the lower part of the sacrum was destroyed by caries commencing across the line of the 4th anterior foramina.