

the muscular coat of the intestinal canal, and the operation of the enemata was attended with the same signs of involuntary action as before.

June 13. Symptoms still progressing more favourably; Mr. F. was placed on iodide of potassium again and strychnine—the medicines alternated every two hours. From this period until the beginning of July, nothing of any importance occurred worthy of special notice. The counter-irritation to the back was still kept up, and the medicines just noticed steadily persevered in. The paralytic symptoms continued unaltered. Muscular twitches were complained of in the legs, but especially the right one, at the knee—the slightest attempts at flexing either inducing them. The respiratory movements became of a more normal character. Necessity compelled, as before, a frequent recourse to the catheter, never less than three, but most frequently four times a day. The introduction of the instrument was almost always attended with the same spasmodic action of the sphincter vesicæ, experience demonstrating that unless the operation was rapidly performed, the spasms set in severely, causing excessive pain, and the maintainance of the instrument in situ was yet found a matter of impossibility, in consequence of the excessive irritation which it engendered. Pus was now constantly seen in the urine, and followed the last drops of it when withdrawn. The urine was of a highly offensive ammoniacal odour, and crystals of triple phosphate were detected in it by the microscope. Priapism still continued a prominent symptom. On the 16th June, recourse was had to galvanism, which was continued for several days, without any other marked effect than the induction of rapid muscular twitches, causing excessive pain. The use of this agent was therefore intermitted. The appetite appeared to be but very slightly affected. The diet permitted was generous, as there appeared to be nothing of any moment contra-indicating it; but he, nevertheless, emaciated. A singular symptom had gradually developed itself, an inability to grasp or seize between the thumb, and index and middle fingers. This was undeniably due to defective innervation of the median and radial nerves; and proved a symptom still further serving as a guide to the proper location of the seat of actual injury at the time of the accident. Whether a consequence of the exhibition of the iodide of potassium or the strychnine, about the 30th June the secretion of urine became abundant; and, concomitant with this alteration of secreting action, there was a diminished excretion of mucus and pus globules in it: the ammoniacal odour became also less.

I consider it entirely unnecessary to follow the case steadily from day to day through the long period of time during which he was under my care. It will have been observed that I have, in the reports already given, followed this rule, noting only those periods when new symptoms developed themselves. I pass then on to the middle of July, when we noticed for the first time a slowly but gradually commencing contraction of the flexor muscles of the leg. Notwithstanding this condition of the muscular system of the extremities, it was still deemed advisable to have recourse to galvanism, oily inunctions, and frequent extensions during the day. The

slightest attempt at extension caused acute pain. Bed sores in the sacral region had some time previously to this commenced, requiring the greatest care and attention, by pads, the application of nitrate of silver in solution, &c. &c. to alleviate.

Edema of the feet and ancles now commenced, but his pulse, nevertheless maintained its regularity and its fullness; his appetite continued unimpaired; and although he continued the iodine, we found it necessary occasionally to intermit the strychnine, and place him during those periods on a mineral tonic, which was either a mild preparation of iron, the sulphate of zinc, or oxide of silver. About the end of July, feeling himself equal to the exertion, although there was little remission in the more prominent symptoms, we raised him to a semi-recumbent position in his bed; and about the middle of August we got him out of bed and comfortably seated in an arm chair, in which he remained nearly a whole morning. The tonic flexion of the legs, however, had by this time increased considerably; and the pain caused by a similar change of position, was such as to prevent its future repetition. At this time the irritability of the bladder had apparently so far diminished, as to permit the retention of the catheter during the night. The desire to pass water was always followed by excessive pain, which appeared to be a consequence of a violent muscular effort of the bladder itself, and was quite involuntary. Occasionally the propulsive effort was effectual in evacuating a portion of the contents of the bladder, even when the catheter was not introduced, and it remained as long, apparently, as any quantity of urine remained in the viscus. Mr. F. continued in this state without any alteration of symptoms, and under a treatment varied according to circumstances, but ever based on the indications, until the 23d of September, when I accompanied him to Hamilton, and placed him under the care of Dr. John Mackelcan of that city.

November 2. Received from Dr. M'K., a letter containing the following report of the case to that period:—

#### EXTRACT.

Hamilton, Oct. 29, 1847.

MY DEAR SIR,—I have delayed longer than I intended to give you an account of Mr. F.'s progress since you left him here. Two or three days after he arrived here, he was troubled with frequent nausea and vomiting, and the enemata produced little or no effect, a small quantity of very hardened feces only passing. On examination per anum, I found the rectum filled with a mass as large as a cricket ball, and on removing that, with some difficulty, two similar masses successively descended into the rectum, which were also removed, when the enemata passed into the colon without difficulty, and relieved the bowels efficiently. The sickness then ceased, and his health, which had been a good deal shaken by this state of things, gradually improved. He is now gaining strength, his pulse varying from 72 to 80; his urine more abundant and of better quality, but still passed only by spasmodic action of the bladder. Indeed, I believe the bladder never empties itself properly, and that the partial expulsion of the urine takes place only when the bladder is distended, by which it is stimulated to a violent effort, which expels as much of the urine as gives temporary relief, but that, partaking of the paralysis, it is unable to accomplish a regular and natural contraction. I have passed the catheter several times immediately after four or five ounces have been expelled by a spasm, and have drawn off eight or ten more. His lower extremities are still as much contracted as ever, and he suffers a good deal of pain in the right one, particularly about the patella. There is no oedematous swelling of the feet, but I cannot perceive any material increase of the power of