

We are therefore led to the almost certain diagnosis of slight hæmorrhage of the spinal pia mater on the left side of the cord, about the level of the origin of the fourth lumbar nerve, dripping *guttatim* downwards, and never of sufficient amount to pass round the cord to the right side.

Is the prognosis favourable or otherwise? To form a right opinion on this point, we have three main data—the position of the spinal cord affected; the nature of the lesion; and the effects of treatment so far as it has gone. We have, however, to keep in remembrance the effects of the lesion on particular organs, and on general nutrition, and also the secondary sequelæ on the spinal cord that are sometimes the consequences of hæmorrhage. The position of the lesion is so far satisfactory, that it is too far down to cause any interference with the respiration. As a general rule, the higher in the cord the lesion, the more disastrous it is. It is also a good point for prognosis, that the paralysis is unilateral as regards the limbs. This being so, makes it probable that some of the nerves supplying the bladder and the sphincters of the anus are also unaffected. The nature of the lesion—hæmorrhage, and that, too, to so limited an extent that it has evidently not affected the right side at all—is itself a satisfactory point. A small hæmorrhage ought, *primâ facie*, to be absorbed, and absorbed within a period that would render important sequelæ in the cord somewhat improbable. And then again, the effects even of very limited treatment enable one to speak, not with positive assurance, but with fair hope, of a good result. The state of the patient you have already heard and seen for yourselves; the sphincters of the anus have wholly recovered their power, and this was marked a few days ago, when accidentally the patient was purged ten times after drinking too much tamarind-tea; the leg can be moved in every direction, and although locomotion is not easy, yet marked progress has been made. Again, the patient has regained considerable use of the accelerator urinæ, and some at least of the sphincter vesicæ.

On admission, however, we found a small bed sore over the sacrum, and you know how

serious such a lesion frequently is, when the spinal cord is in any way affected. The bed sore is now nearly well, and this is another proof of the gradual clearing up of the internal lesion.

One thing still remains, and is enough of itself to impress a very serious aspect on the case, and materially to influence the prognosis—I mean, of course, the cystitis. The man passes a highly ammoniacal urine; and, on standing, this urine deposits a thick bed of epithelium, pus, and triple phosphate crystals. It may be that this cystitis has existed from a very early period of the illness—within, perhaps, a few days of the accident; if so, it has been probably increasing in intensity during the two months before he submitted himself to treatment. Not only is it a grave condition by itself, but, as you know, it may indirectly induce that degeneration of the kidney (beginning first in the pelvis, and progressing backwards into the renal structure) which we know by the name of surgical kidney. As long as the urine is so alkaline, we are quite unable by the microscope to determine whether or not the kidney is yet affected; our ignorance on this point at the present time, and our fear of such a renal affection in the future, must necessarily make our prognosis, otherwise favourable, extremely guarded.

And, lastly, the pressure of a clot of blood will sometimes produce myelitis; and although the seat of the hæmorrhage in this case is below the cord, we might get an equally disastrous effect by the pressure on the nerves of the cauda equina. I show you a plate of a section of cord in which destructive myelitis was set up after an accident, in which the bodies of three vertebræ were more or less fractured, and a large hæmorrhage into the spinal cord had resulted. Opposite the seat of hæmorrhage, and pressed upon by a clot, the cord was inflamed in almost its whole depth. Such a condition would be improbable in the case before us, all the more so that the patient is improving: but its possibility ought somewhat to affect our prognosis.

Now as to treatment. There are two principles to be kept in view in the treatment of such a case—first, to place the patient in the best pos-