

nearly all black and coagulated, some more recent looking redder and not perfectly coagulated lies on the surface of the larger solid extravasation at mid-base (*i.e.*, on and around the pons varolii.) The membranes cover all this blood, and none of it is effused into the cavity of the arachnoid; the blood is seen to extend down the vertebral canal forming a black envelope around the spinal cord, in the situation of the cerebro-spinal fluid. Having removed the brain, a few detached superficial small extravasations, as if from minute ruptures, are seen on the sides of both hemispheres, especially over the posterior lobes, but not reaching the upper surface of the brain.

On slicing the cerebrum, the punctæ vasculosæ are not large nor numerous; the cerebral substance was not at all congested; both lateral ventricles filled with transparent serum of the color of weak claret and water; a long narrow black coagulum extends from the central cavity of the right lateral ventricle in the course and along the external border of the choroid plexus down into the middle cornu and back into the posterior cornu; the same appearance was found in the left lateral ventricle; the third ventricle is filled with a small black blood clot, which can be traced thence into the fourth ventricle, which cavity is also filled with coagulated blood. In none of the ventricles is there any discernible laceration of the brain substance—the commissures of the third ventricle being intact; no extravasation was found in the substance of the brain anywhere.

On examining the blood vessels of the brain at the base, many of them presented opaque white patches of atheroma. On the left vertebral artery a circumscribed white fusiform dilatation of the vessel is visible, the enlargement is found on slitting up the vessel to be chiefly one of thickening of the coats at this point; a similar one is seen at the anterior part of the basilar, and upon slitting up the basilar an irregular opening was found about the middle of its course and on its right side in the neighborhood of where it gives off transverse branches. We found it difficult to decide if this opening had been made by the accidental cutting off with the scalpel one of these branches; but there appeared to be some pouching of the walls when the vessel is examined from the inside. No sack is found attached to the basilar artery, but that vessel is covered by and

occupies about the centre of the thickest extravasation.

On opening the spinal membranes, they were found blackened by extravasated blood within them throughout the entire length of the cord. On removing this, and slitting up the dura mater vertebralis, a thin layer of coagulated black blood was found completely enveloping the cord down to the cauda; no blood was extravasated outside the spinal membranes.

*A case of Wasting Palsy*, by J. D. CLINE, B.A., M.D., Assistant House Surgeon Montreal General Hospital. (Read before the Medico-Chirurgical Society of Montreal.)

Wm. Brownlow, aged 14, was admitted into the Montreal General Hospital under the care of Dr. Roddick on the 6th of March, 1875.

Patient's family history is good. Mother and father and several sisters and brothers living. No history of any similar affection in the family previous to this. Patient has always been somewhat delicate, suffering frequently from bilious attacks. Has had full power and free use of his limbs till the time of the present attack in August, 1872; has never worked hard. In January, 1868, he received a kick from a horse on the forehead, from which injury he was laid up for six months. He was stunned but soon recovered consciousness. Suffered from great pain in his head during his illness. There is a scar and depression in the bone, marking the seat of the injury, directly over the frontal sinus. He recovered perfectly from this, and has never suffered any inconvenience from it since. For the last three years there has been a patch of eruption, herpetic in character, 3 or 4 inches in diam., over the point of his right shoulder. On the third of August, 1872, after exposure in the morning to wet and cold, he had a headache. Next day (Sunday) was very sick, had a bad headache and vomited. On Monday was better, but in going to a brook for some water felt his legs getting weak, and suddenly fell; in a few minutes got up and walked home, stayed in bed that day but at night, in walking across the floor, again fell. Slept well, but in morning could not walk at all. Could stand alone, but on attempting to move, fell. His limbs were very itchy for a day or two. This itchiness was soon replaced by a severe steady pain from his buttocks to his feet, which lasted about six months. The pain was relieved by hot fomentations. Had no pain in his back, and no sense of constriction around the abdomen. His