

character of chancre does not exist in the form, color, base of the ulcer, &c., but in the nature of the pus, which it secretes, and which may be determined by inoculation.

On the other hand, if the existence of chancres is to be denied unless the ulcer be seen, we are compelled to deny the possibility of their existence in situations where the eye cannot penetrate; in the urethra, for example, and in the vagina or neck of the uterus, before Mr. Ricord succeeded in introducing the use of the speculum as a means of diagnosis in these disorders. It must be remarked, that the occurrence of chancre of the urethra is rare in proportion to the distance of the part attacked from the meatus urinarius. The question of the bubo *d'embleé* which, at first sight, seemed to contradict the doctrine of M. Ricord, only confirms it.

This species of bubo never contains pus capable of being inoculated; or, if the pus be of this nature, it will be found that the bubo was always preceded by chancre, either apparent or masked. An interesting fact recently occurred confirmatory of this assertion. An *interné* of the Venereal Hospital had a bubo which he thought to be one of this species, and as the pus discharged by it was not inoculable, he considered the fact irreconcilable with M. Ricord's theory. On examining the urethra, however, carefully, he found a deep-seated chancre within the orifice of the urethra.

After these few remarks M. Ricord showed the preparation already alluded to. It was taken from a patient at the Venereal Hospital, who labored under a gonorrhœa which resisted every species of treatment. A fistulous abscess opened in the perineum. The patient was afterwards attacked by the phthisis and died. The lungs were filled with tubercles, and the whole of the canal of the urethra contained numerous ulcers of a tubercular nature. The prostate gland, also, contained a great number of tubercles.

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## PATHOLOGICAL SOCIETY OF DUBLIN.

Nov. 27.

### PARALYSIS OF THE MUSCLES OF THE FACE.

Dr. Graves said he had to lay before the society some particulars respecting a rare disease of the nervous system, derived from two cases that had come under his notice in the Meath Hospital. In one case there was a spasmodic contraction of the several sets of muscles supplied by the portio dura; in the other there was the opposite effect, paralysis of the same parts. Of both these he exhibited drawings.

The paralysis occurred in a boy of ten years of age, and of a scrofulous habit, who had been admitted into the Meath Hospital laboring under dropsy and diarrhœa. He was several days in hospital, and these complaints had been greatly relieved, when it was observed that there was paralysis of the right side of the face, but obvious only when the muscles of the face were in action. Thus the attempt to close the eye failed on the affected side. There was a discharge from the ear of the same side which originated seven years previously. The opinion formed of the case was, that there was disease of the petrous portion of the temporal bone, and that with this was connected the affection of the portio dura of the seventh

pair, from which the paralysis might be considered to result. There was pain in the head at the right side, which after some time changed its place and moved to the back of the head, and from this time the discharge from the ear ceased. The pain then moved down the spine. A few days before death there were tetanic convulsions and an extreme sensibility of the entire surface of the body. Three years before there had been similar convulsions. The power of locomotion and the intellect continued to the last unimpaired. During the few days which intervened between the first appearance of the convulsions and his death, they had recurred five or six times. The body was examined after death. The portio dura on the face exhibited no morbid appearance. Within the skull a perforation was observed in the dura mater, immediately opposite to the aqueduct of the vestibule in the petrous portion of the temporal bone, which was carious. A green foetid pus detached the dura mater from the bone in this situation, and also bathed the nerves at the base of the brain. The membrana tympani and internal ear had been destroyed. The brain itself appeared healthy. The theca of the medulla spinalis was filled with pus, but the medulla itself (of which Dr. Graves exhibited a drawing) appeared healthy, and the attachments of the ligamentum dentatum were all perfect.

The other case was that of a woman, forty years of age, who was admitted into the Meath Hospital in June, 1841, affected with spasmodic contractions, which occurred several times in a minute, of all the muscles supplied by the portio dura on the right side of the face. The angle of the mouth and ala nasi of the affected side were drawn towards the ear during the spasms, and the fibres of the platysma, participating in the contractions, appeared strongly marked upon the neck. She described the complaint to have commenced four years and a half before, in the lower eyelid, with spasmodic twitchings, which after some time extended to other parts of the same side of the face. Pain in the head had not preceded the attack. The contractions occurred even during sleep. There was no diminution either of sensation or temperature of the affected parts. There was a sensation of noise in the right ear, but without pain, and the hearing continued unimpaired. Could the noise in the ear in this case be accounted for? Was it the muscular *bruit* caused by spasmodic twitching of the minute muscles of the internal ear?

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## GREEN CATARACT.

M. H. Cunier, in a report of the diseases treated at the Ophthalmic Dispensary of Brussels, invites attention to this form of cataract, which is often confounded with glaucoma, and the unfortunate patients thus abandoned to darkness. Dr. C. says, that he has met with eight cases of this kind. The individuals labored under green cataract, which had been mistaken for incurable glaucoma. Seven of these patients were operated on and restored to sight.—*L'Examineur Médical*.