

Saw him in consultation with Dr. Frisbie at 8.15 A. M., when he was sleeping soundly, with a good pulse, no spasmodic contractions, and the muscles of the jaws perfectly relaxed.

A few minutes after 9 A. M. the patient awoke, and was soon seized with the same symptoms, with an extension of the spasms to the muscles of the back of the neck and of the back; though there was no opisthotonos, the contractions not being tonic in character. At 10.30 A. M. the inhalation of chloroform was commenced, and he was kept partially under its influence until 5 P. M. This treatment greatly diminished the frequency and force of the muscular spasms, but it was found that he was growing much weaker, and therefore the use of the chloroform was suspended. He was then put upon opium and whiskey, but continued to fail, dying May 10, 1 A. M., twenty-eight hours after the receipt of the injury.

In his summary of this case Dr. Thompson referred to the assertion made by Erichsen in his work on surgery, who says: "*Wherever the wound may be situated the first symptoms are observed in the portio-dura of the seventh pair of nerves*," and cited a case which had occurred during his army practice, which would tend to disprove such assertion; the case being that of a soldier who had had his leg amputated at the point of election, and in which the spine of the tibia had ulcerated through the anterior flap; in this case the spasms of the muscles of the thigh preceded several days any evidence whatever of an affection of the portio-dura.

In speaking of the treatment, he referred to two cases treated by Dr. W. V. B. Bogan, of this city; in the first of which the patient recovered, the treatment being mainly injections of sulphuric ether. In the second case (the patient being a lady in whom the disease supervened seven or eight days after an abortion had taken place) the same treatment was pursued, but death resulted. He also referred to a case treated at the Armory Square Hospital, in which tetanus ensued after a severe lacerated wound of the buttocks; this case recovered, being treated by the applications of ice over the spinal column, and the local application of morph. sulph. to the wound.

In the discussion which ensued after the reading of the paper, Dr. Middleton mentioned a case which occurred at Blockley Hospital, Philadelphia, under his notice, in which tetanus ensued as the result of an injury to the ulnar nerve; the nerve was divided and the patient recovered.

May 27. Compound Fracture of Ulna; Resection of Elbow-Joint.—Dr. S. J. TODD reported the following case:—

C. S., mulatto, thirty-five years of age, tall, robust, and of good general health, came under my care July 21st, 1864. He had received a wound on the anterior aspect of the left forearm, one inch from the joint, and extending towards the hand a distance of three inches. The wound was caused by a blow inflicted by a spade in a street fight; his arm, at the moment of the accident, being in a semi-flexed position, protecting his head, to which the blow was directed. The edges of the wound were rough, and venous hemorrhage profuse. Passing my finger into the wound, I found there was a comminuted fracture of the ulna, two inches from the extremity of the olecranon process, and involving three or four inches of the shaft of the bone. The following day, in the presence and with the assistance of Drs. Dove, Lincoln, and Wordsworth, resection of

the joint was performed. The wound having been enlarged, and the olecranon dissected out, the end of the bone was then sawn off, and all spicula and clots removed. The wound was filled with lint, the limb placed in a semi-flexed position, and cold water-dressing applied until the 30th, when a deeply-seated abscess was detected two inches above, and extending towards the joint, but not communicating with it. This was opened. The patient then slowly improved; the wound looked healthy, pus laudable, appetite good, and there was but little pain in the arm, until the 26th of August, when two more abscesses, situated on the anterior aspect of the arm, were discovered and opened. About this time he was admitted to the Quartermaster's Hospital, in charge of Dr. Lincoln, where I continued to attend him. I may here remark that his diet throughout his sickness had been good and nutritious. He had also been taking the muriated tincture of iron. On the 13th of September the wound and the abscess previously opened, suddenly ceased to discharge. In a few days he complained of pain in the lumbar region, loss of sleep and of appetite; his pulse rose to 110; urine scanty and highly coloured. On the 11th of September anasarca was noticed. His urine was tested by heat and nitric acid, and some little albumen detected. Powders of uva ursi and bicarb. soda were ordered him. On the 1st of October he was discharged, his wound being in a healthy condition and all symptoms of renal disease having disappeared. On the 10th of October I was again called to see him, and found the same condition of things as in the former attack, except that the dropsy was more general, respiration being impeded by the abdominal distension. I again tested his urine, and found it loaded with albumen. Wine of colchicum and bitartrate of potash were given, and $\frac{1}{16}$ gr. of elaterium twice a day. On the 15th of October I opened another abscess, which had formed on the inner side of the forearm; it discharged freely, and from this time he improved rapidly.

The limb is now partially ankylosed in a semi-flexed position, being still of some use to the patient.

The first and most prominent question that suggests itself in connection with this case, is this: Was the subacute inflammation of the kidneys, with the symptoms of general dropsy following it, dependent upon the cessation of the discharge of pus? Or, was it simply incidental—a coincidence—and not an effect?

(Oct. 1st, 1867. Dr. Todd wishes to add to the above report that he has at this date had an opportunity of examining the elbow of the patient, and that he now has free motion both of the elbow-joint proper and of the humeral end of radius, in pronation and supination. In the language of the patient—"that arm is as good as its fellow.")

November 25. Operation for the Radical Cure of Hernia.—Dr. PRENTISS reported the following case:—

Daniel King (col.), a stout mulatto, aged about 25 years, apparently of good constitution, was admitted to Quartermaster's Hospital, July 12, 1863, with pneumonia—from which disease he speedily recovered.

During the treatment for this affection, a reducible inguinal hernia of the left side was discovered; the tumour was about the size of an egg, and did not extend into the scrotum. Upon this hernia, the patient consented to have the operation for radical cure performed. The operation was performed July 22d by the surgeon in charge of hospital—in the