

a longer or shorter time in 1877, the mortality for that year having been 2657. Last year, with a better organization of such facilities, the deaths were over 600 less than in the year preceding, a diminution which Dr. Janeway ascribes in a great measure also to the work accomplished by the extra corps of physicians employed by the board of health to make house-to-house visits in the tenement districts during the summer. The mortality from whooping-cough and scarlatina, on the other hand, has been considerably greater than usual. During the first nine months of 1879 there were 466 deaths from the first disease, and the number of deaths from the second, 1370, is greater than for many years previous. In the same period of 1878 there were 741 deaths; of 1877, 781; of 1876, 693; of 1875, 415; of 1874, 730; of 1873, 736; of 1872, 302; and of 1871, 608.

Dr. Peters also read the report of the committee appointed to solicit aid for the families of physicians who had died from yellow fever during the prevalence of the disease in the various cities of the South in 1878 and 1879. The total amount received by Dr. Peters for the purpose named was \$4998.10, of which he has distributed \$3700, leaving a balance of \$1298.10. The number of physicians who died during the epidemic of 1878 was 101. Dr. Peters read several letters from physician's widows who had been aided by the fund, and stated, in conclusion, that the money on hand would all be properly applied in a short time. Dr. Farnham, from the same committee, reported the receipt of \$1158 for the same purpose, all of which had been expended.

— A physician of this city recently forwarded to the Bureau of Vital Statistics a certificate of death from acute capillary bronchitis of a man employed in the manufacture of harness mountings. The certificate, in which it was explained that the disease was caused by the inhalation of the fumes of nitric oxide during the processes of electro-plating, was sent to Sanitary Superintendent Day, who has detailed one of the inspectors of the board of health to make an investigation of the electro-plating business, the object being to collect data upon which to base a report urging such changes in the processes as may prevent the inhalation of poisonous fumes.

ST. LOUIS.

— On the 9th inst. Dr. Thomas Kennard died in this city of cirrhosis of the liver. He had suffered from the usual symptom, ascites, for nearly two years. He was an ex-president of the St. Louis Medical Society, had practiced in St. Louis for the past nineteen years, and held a high position in the profession. He was a native of Maryland, and his remains were taken there to be buried.

BOSTON CITY HOSPITAL.

SURGICAL CASES OF DRs. INGALLS AND GAY.

[REPORTED BY W. H. HOLMES, M. D., HOUSE SURGEON.]

Compound Comminuted Fracture of both Femurs; Recovery. — On September 28, 1878, Philip C., aged thirty-one, fell under a horse-car, and its wheels passed over both thighs. There was found to be a compound comminuted fracture of each femur just above the condyles. On the left there was a wound

about one inch long over the anterior portion of the lower third, and one of nearly the same size over the corresponding point behind. On the right thigh there were three wounds, about an inch long, on the anterior, anterior and outer, and posterior sides of the lower third. The patient being etherized, Dr. Gay sealed the wounds with compound tincture of benzoin, put the legs in long fracture boxes, and packed the thighs up with oakum. No food was given on account of vomiting. Shock of injury moderate. Pulse 78, and of fair strength. The patient was anæmic and feeble.

For several days he was nourished by the rectum, as he vomited whatever he swallowed. He was unable to pass his urine, which was drawn with a catheter. On the seventh day the fracture boxes were removed, and ham-splints applied. On this day a slight discharge was noticed from one of the wounds. On the fourteenth day an extension of one and one half pounds on right leg, and of three pounds on left, was applied. The condition of the patient continued steadily to improve, and in the twentieth week all apparatus was removed, and a flannel bandage applied. There was good union in both femora, but very slight motion in hips, knees, or ankles. Passive motion applied daily to joints. He was discharged from the hospital April 28, 1879. He was then able to walk down the ward holding on to the beds. There was good union on each side. The ankle, knee, and hip joints were slowly regaining motion. When last heard from he was able to walk with the aid of a cane.

Foreign Body in Bladder ; Lithotomy ; Recovery. — June 20, 1879, Thomas H., aged forty-seven, introduced the stem of a glass tobacco-pipe, one fourth of an inch in diameter, into his urethra for the purpose of emptying the bladder. When, as he thinks, the tube had nearly reached the bladder it broke, leaving a piece an inch and a half long in the urethra. A physician was called, who, to relieve the retention, passed a catheter, forcing the piece of glass into the bladder. The patient suffered some pain in the bladder, but at no time was it excessive, nor was the urine bloody. Ten days after the accident the patient entered the City Hospital in the service of Dr. Ingalls. A hard body could be felt in the bladder by the sound, and a sharp click was elicited. The third day after admission, the patient being etherized, Dr. Ingalls tried to withdraw the foreign body by a lithotrite, but though it was caught hold of it could not be drawn out. Two days later Dr. Ingalls performed lateral lithotomy, and extracted the piece of glass; there was a slight crust of triple phosphate upon it. On the day after the operation there was a prolapsus of a portion of the rectum, larger than the end of a thumb, folding over the posterior angle of the wound. This was reduced at once by the finger, but soon reappeared; it was touched once with lunar caustic, steadily grew smaller, and by the end of three weeks there was no protrusion. On the twenty-fifth day after the operation urine no longer passed through the wound, and on the forty-fifth day the wound had healed, and the patient was discharged well.

Compound Dislocation of Elbow ; Recovery. — On the evening of June 24, 1879, Annie M., aged thirty-six, while drunk, fell down four steps of a flight of stairs, and injured her right elbow. On entrance there was found to be a compound backward dislocation of radius and ulna. There was a lacerated wound three inches long on the inner side of elbow, through which the ends

of the bones could be seen and felt. The soft parts about the elbow were much bruised and lacerated. There was also a fracture of the radius just above the wrist. As Dr. Ingalls was absent, Dr. Homans saw the patient, and advised immediate amputation or resection, to which the patient would not consent. Dr. Homans then reduced the dislocation, the patient being etherized. The wound was packed with charpie soaked in carbolic oil, and a rectangular external splint applied. The second day the elbow was much swollen and the wound offensive. Dr. Ingalls advised amputation or excision, but the patient declined any operative interference with the joint. Contrary to expectation, from this time the condition of the arm steadily improved, the only complication being the formation of an abscess on the inner side of the fore-arm, just below the elbow, which discharged through a spontaneous opening into the original wound. There was considerable discharge for about three weeks. On the forty-third day the opening had healed, and the arm was put in a stiff bandage, the elbow being flexed at a right angle. The Colles's fracture received no treatment but rest. The patient was discharged on the forty-eighth day, with the bandage still on. Two weeks after her discharge she had the stiff bandage removed in the out-patient department. The fore-arm could not be flexed or extended, but the hand could to a slight degree be supinated and pronated. There was some inward projection of the lower end of the ulna. There was considerable motion at the wrist. When last seen she could make but little use of her hand or arm.

October 4th, eighty-eight days after the accident, the arm was examined, and arm and hand were found in about the same condition as above indicated. The patient declared that she suffered much pain throughout the limb, and that little bits of bone had come away. If this be true, they must have come through the yet tender cicatrix which soon closed after their passage.

POISONING BY CORROSIVE SUBLIMATE AND BY CARBOLIC ACID.

MR. EDITOR,—Two cases of poisoning have come under my immediate notice. In one I was permitted to make a post-mortem examination, which may render a report useful. The other case, as it was from carbolic acid, about which as a poison little seems to have been said, may serve to impress upon your readers a very important property of this drug.

Both the cases occurred at the St. Louis Female Hospital, under the care of Dr. P. V. Schenck, resident physician, and myself, assistant physician. One of the patients, Alice W., who was convalescing from intermittent fever, complained of constipation, and a dose of sulphate of magnesium was ordered. The nurse had solutions of sulphate of magnesium and of corrosive sublimate in similar bottles, but plainly labeled; by mistake, however, she gave the mercuric salt in a dose of about sixty grains.

I saw the patient probably within twenty or twenty-five minutes after the poison was taken. She had vomited freely, but large quantities of water and milk were given, and emesis produced, which was further encouraged by sulphate of zinc and ipecac. About an hour and a half after the accident, Dr.