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THE CASE OF THE LATE DR. HENRY PRATT, OF LANESBORO'.

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DR. HENRY PRATT was born September 28, 1820, in Lanesboro'. He lived at home until he was twenty-one years old, spending his time in acquiring an education and attending to the duties of the farm. When he arrived at the age of twenty-one he chose the profession of medicine for his life-work, and became the student of Dr. Griswold, of Lanesboro'. About one year afterward he went to Pittsfield and completed his studies under the direction of Dr. Henry Childs, graduating at the Berkshire Medical College in November, 1845. He first began the practice of medicine in Nassau, N. Y., where he remained a short time, and then removed to Becket in this State, where he spent two years. From Becket he removed to Ravenna, Ohio, where he soon acquired a large and lucrative practice in both surgery and medicine. At this place he became affected with the malaria of the region, and ultimately had chills and fever, attended with congestion of the lungs, and a long illness ensued, which determined him, after a residence of ten years in Ohio, to return to Lanesboro' for a time, in order to regain his health. He effected the change in the spring of 1857, with the happy result of complete restoration to health, and for the last twenty years his residence has remained unchanged. In 1862 he became a member of the Massachusetts Medical Society, and has since filled various offices in this district society.

Dr. Pratt's last illness was occasioned by a fall which he received in the latter part of last January as he was leaving the house of one of his patients. He slipped upon an icy door-step, and fell heavily, striking the back part of the right hip upon the edge of the stone step. The shock was quite severe, and he felt stunned for a moment, but he soon was able to get up and walk to his horse. When he got home in the evening he found upon examination that he had suffered a contusion where he had struck upon the stone, and that the skin was ecchymosed for quite a distance up the back. The injury was not, however, sufficiently severe to prevent him from attending to his daily routine of

practice. On the 8th of February, ten days after the fall, he came to my office for advice, and Dr. Adams and I examined him. We found a bruise upon the right hip, about midway between the sacrum and the trochanter major, and underneath was a large fluctuating mass, into which we made an incision about an inch in length, evacuating six or eight ounces of bloody serum. There was present very slight tenderness in the region of the swelling, with some induration remaining after the removal of the effused serum. There was no tenderness, pain, nor lameness of the back. We advised the doctor to go home and keep quiet for a time, until the parts had recovered from the injury, but he expressed his determination to go that afternoon to Cheshire to see a patient, and in fact attempted to do this, but he felt so poorly that he finally gave it up, drove home, and went to bed. I did not hear from him again for ten days. Then I found suppuration established and healthy, laudable pus discharging from the incision. An examination of the wound with the probe proved that the suppurating cavity extended longitudinally up the back underneath the skin and fascia about six inches, or nearly to the crest of the ilium, and laterally about four inches from the spinous processes outward. He was confined to his bed; had no pain; but his temperature was 103° F., pulse 90 to 100. No appetite, some nausea. Bowels and kidneys acting quite naturally. Through March and April he continued about the same, the wound discharging freely a thin, watery pus, without unusual odor. In the latter part of April, the incision through the skin having partially healed, so as to prevent the free escape of pus, with the advice and assistance of Dr. Smith, of Pittsfield, I gave him ether and enlarged the incision to about four inches, and made a thorough examination of the cavity of the abscess, without, however, discovering any diseased bone or inflamed periosteum. Subsequently to this the cavity was injected with a solution of carbolic acid, diluted tincture of iodine, and weak solution of bromine, and he improved in general health, so that he drove out, and finally in June visited patients. He came to Pittsfield, and was about for several weeks. Exertion fatigued him very much, and he was obliged now and then to lie down and rest while making his round of visits. In the latter part of June, after getting very much fatigued one day, he had a severe attack of sciatica in the left leg, which, however, yielded in a few days to anodyne treatment, but he did not get sufficiently strong or gain enough vigor to go about again, although he sat up and walked round the house more or less. Toward the end of September he had another severe attack of neuralgia in the left sciatic nerve, and he reluctantly consented to take ether again and have the cavity of the abscess entirely exposed by an incision about six inches in length, extending from the original opening obliquely upward to its upper extremity, over the spine. This exploration had been advised

and urged before, but the doctor resolutely declined to have it done until now. Accordingly the operation was performed on the 9th of October. The cavity of the abscess was found to be in a very healthy state, but there was an entire absence of granulation. At the upper end of the abscess, opposite the first lumbar vertebra, to the right of the spinous process, pus was discharged freely through two openings, into each of which the probe passed two inches above and below the transverse process, alongside of the body of the vertebra, and came in contact with bare bone. A few days previous to this an indurated lump appeared on the left side of the abdomen, just inside the superior spinous process of the ilium. This hard mass increased in size, extended upward toward the ribs and outward around the left lumbar region in the direction of the spine. Finally deep fluctuation was detected, and on the 24th of October an incision was made through the abdominal wall, just above the crest of the ilium, and twenty-two ounces of foetid, dark, watery pus were evacuated. The probe, carried through the incision, extended six inches into the cavity before reaching the bottom. For nine months the doctor had been failing, excepting for two or three weeks in June. He had become very much emaciated, and required gradually increasing doses of anodynes to secure sleep. Ferruginous and bitter tonics had been administered as constantly and regularly as he would take them, but he failed more rapidly after the abdominal abscess was opened, and died on the 9th of November.

On the following day a post-mortem examination was made in the presence of Drs. Smith, Roberts, and Adams, of Pittsfield, and Dr. William Paddock, of Lanesboro', physicians who had been associated with me in the treatment of the case.

We found a large psoas abscess on the left side of the abdominal cavity, occupying the left pelvic cavity, extending under Poupart's ligament down to the insertion of the psoas muscle. On the right side was a lumbar abscess, which extended from the right sacro-iliac synchondrosis between the peritonæum and the lumbar muscles up to a level of the second lumbar vertebra, and discharged through two openings on the right side of the two lower vertebræ, communicating with the abscess upon the back. There was no communication between the abscesses of the two sides. There was adhesion of the peritoneal surfaces over the lower part of the descending colon, and an attempt at ulceration at one point.

Both the abscesses evidently were caused by disease of the lower lumbar vertebra, which was in a state of necrosis. The transverse, articular, and spinous processes were in many places bare of periosteum. In others the periosteum was easily stripped off, and the intervertebral substance, both above and below, was easily detached. The sawed surface of the body, when divided, was dark in color, and had the ap-

pearance of dead bone. The articular processes of the third and fourth lumbar vertebræ and the transverse processes of the fourth were carious. The spinous processes of the third and fourth lumbar and of the three upper sacral vertebræ were also carious. We supposed that the carious condition of these processes was caused by the irritation of the pus contained in the lumbar abscess, which came in contact with them.

The doctor never had any pain in his back, and when he was told that the vertebræ were undoubtedly diseased remarked that he could not believe it possible, as he had never felt any distress in his spine.

THE METRIC SYSTEM IN MEDICINE AND PHARMACY.¹

BY T. B. CURTIS, M. D.

WE are all sufficiently familiar, in a general way, with the advantages claimed for the metric system of weights and measures. These, briefly enumerated, are: uniformity; simplicity; the decimal character; the fact that the various units have definite and readily apprehended relations to each other; a nomenclature which is self-defining and expressive of values; and, finally, security, the base being unalterable.

We also know the objections which have been raised against the proposed introduction of the metric system, and we have probably all been struck by the trivial and irrelevant character of several of them. The only objection which appears to me to possess any weight at all is one upon which our opponents habitually lay but little stress; yet it must be admitted that it has great force and deserves very careful consideration. I refer to the trouble and labor unavoidably attending any change of weights and measures. Routine, proceeding from traditions and habits of long standing and of numerous and complex ramifications, is firmly established. Is it worth our while to try to overcome the inertia of this routine? What are the inducements for us, whose main interest in the question is connected with the handling of drugs, to take a leading part in the proposed reform? In answer to this question I intend to pass in review, from the stand-point of the physician, certain advantages which can be claimed for the new system, and also to consider certain objections which have been brought forward by physicians against it.

First, it should be understood that the adoption of the metric system as used in Europe involves two separate and wholly independent innovations, consisting, primarily, in the substitution of a new system of weights and measures, with its nomenclature, for our present system; and, secondly, in the substitution of gravimetric methods for the system, partly gravimetric and partly volumetric, now in use.

¹ Read before the Suffolk District Medical Society, March 31, 1877.