

take Fowler's solution; no other medicine was administered. Recovery. Case VI. Boy, fifteen years old. Gunshot wound of left arm. Extreme opisthotonos and trismus. Arsenic. Recovery. Drs. Mudd and Green. Case VII. Man, thirty years old. Finger cut by a saw. Trismus; not a severe case. Arsenic was administered, and the case resulted in recovery. Dr. Mudd.

These are some of the cases treated by arsenic. All traumatic; all resulted in recovery. There have been, of course, fatal cases where arsenic has been used, but death has always occurred in the first thirty-six hours.

SHORT COMMUNICATIONS.

DR. WILLIAM F. STEVENS.

At a meeting of the Middlesex East District Medical Society, held at Woburn, April 2, 1879, the committee appointed to prepare proper resolutions on the death of the late Dr. William F. Stevens, of Stoneham, presented the following, which the society voted to accept, and authorized the secretary to send a copy to Mrs. Stevens, and to the Boston Medical and Surgical Journal for publication:—

TO MRS. DR. WILLIAM F. STEVENS, STONEHAM, MASS.

DEAR FRIEND,—The members of the Middlesex East District Society, along with many others, wish to condole with you in the great loss we have recently sustained in the death of Dr. Stevens. To the younger members of this society he was specially endeared by numerous acts of kindness and professional courtesy, and by all of us the loss will be severely felt in the future.

As physicians, we desire to put on record the opinion that no one ever surpassed him in a due regard for the rights of his fellow practitioners. His was indeed the soul of honor, "without fear and without reproach," who scorned to take an unfair advantage of a rival practitioner, and studied to save the feelings of others even at the sacrifice of his own.

We desire also to record our admiration of his great skill and remarkable fidelity to duty—a fidelity which knew neither rich nor poor, but only suffering humanity.

Nor will we soon forget the moral beauty of his character, which reflected its lustre on the profession to which we are proud to belong. It shall be our duty and privilege to "keep his memory green,"—an example for all time of what a good physician should be.

A true copy, attest: J. RICHMOND BARRE, *Secretary*.

BLOOD-CELL COUNTING.

MR. EDITOR,—I hope you will allow me to suggest to your readers some points in reference to instruments for blood counting, as some misapprehension may arise from a hasty reading of the article by Drs. Henry and Nancrede contained in the *JOURNAL* for April 10th. In the Malassez and Gowers patterns of instruments for blood counting it is proper to admit the existence, first, of errors of instrument, which affect comparative results. These may be unequal depth of cell or want of uniformity in the calibre of the capillary tube used as a cell, unequal ruling of lines, and also want of uniformity of the surface of their covering glasses. Second, of errors of method in the practical use of these instruments, which affect comparative results; these may arise from those errors which occur in experiments upon a single specimen of blood. The only important errors of this kind occur from an imperfect cleaning of the blood pipette; from the fact that the lumen of the tube may contain moisture, and that all the blood has not been blown from the blood pipette into the artificial serum; also, as stated by these writers, from gravitation of corpuscles contained in a drop too large for the cell.

The errors of the first class are those which in a well-made instrument are so trifling that they may be disregarded; those of the second are not so easy to avoid or calculate, but with

great care in manipulation it is fair, from experience, to place them within five per cent. The errors noted by Drs. Henry and Nancrede need not be insisted upon too strongly, because they can be avoided by great care and experience in manipulation.

Having, then, by careful experiments on standard solutions of blood discovered the error of the instrument and its method of practical use, we have a definite starting-point, and ground upon which to base the circumstances which may govern or cause any variations which are greater than this error. In the case of my experiments, reported in your number of April 3d, I found that this error did not exceed five per cent. I do not lose sight of the fact that there are circumstances in the individual upon whom the experiment is made which may affect the deductions as to the degree of corpuscular richness of blood. By calculating the errors of the instrument and method of using it, careful experiment will determine these circumstances.

For the information of your readers who may be desirous of making a series of experiments to differentiate their results, I will add that the image of the corpuscles and ruled lines in Gowers's apparatus may be projected by means of a camera lucida eye-piece upon a white screen; in this way the corpuscles may be pricked out and enumerated.

ROBERT AMORY.

LONGWOOD, April 11, 1879.

A CASE OF PULMONARY THROMBOSIS.¹

BY E. CHENERY, M. D.

I REPORT the following as a case of pulmonary thrombosis, not because I can certainly demonstrate that the obstructing clot originated in the lungs, where it did its mischief, but because it was an infarction of vessels belonging to the right half of the circulation. Indeed, my impression is that the clot started from the neighborhood of the uterus, and came up through the inferior vena cava, at last lodging in the trifurcation of the right pulmonary artery, where it afterwards augmented in size till it produced complete obstruction to the bronchus of that vessel. But in saying this I am not unaware that Juergensen teaches that "pulmonary infarctus is not to be thought of unless undoubted sources for the production of the embolism be demonstrated." This case is interesting as illustrating how the accident, so to speak, presents itself unawares, and might be mistaken, as it doubtless has been, for collapse.

I was sent for on the morning of January 4th to see a maiden lady aged twenty-nine, who had enjoyed excellent health, rarely having been sick, and not at all recently. Two days before, as she was getting over her catamenia, she took a sudden cold, and had not since been out. I found her in bed, with flushed face and slight cough. She had headache, a pulse of 120, and respiration 34. I thought at first sight that she had pneumonia. There were no abnormal heart sounds; percussion was a little dull over the right back, but there was no crepitation, and the case was regarded as one of congestion of the lungs, with threatened pneumonia. She received a portion of sulphate of magnesia and aconite. The next day she seemed much better; the cough was gone and the dullness diminished, while the pulse had fallen to 100 and the respiration to about 26. She now complained of pain and tenderness in the region of the uterus. The next day she was much the same, only the tenderness had extended higher up, giving me to fear that I was to have a case of pelvic peritonitis. Warm applications with turpentine were directed to be employed over the abdomen, and liquor ammoniæ acetatis was given. During the night she seemed worse, had diarrhœa, and did not sleep. At 5.30 the next morning she felt a sharp, cramp-like pain in the left side in the region of the heart, which began to beat heavily. She became oppressed for breath, the lips turned blue, the skin growing cold, and profuse perspiration starting out at every pore. When I saw her at nine A. M., her whole surface was cold, and yet not so to herself, and the clothes next to her were saturated with the abundant sweat. Auscultation showed the air entering into all parts of the lungs. There was no pulse at the wrist, and apparently but little action on the left side of the heart, while the right was laboriously at work, with unusual impetus against the ribs and sternum, and loud sounds of the valves. Nothing could be plainer than the great disproportion in the action of the two sides of the

¹ Read before the Suffolk District Medical Society, January 25, 1879.