

on the world represented by the yearly delivery in its postal districts of 238,000,000 letters.

— The Chamber of Deputies at Vienna has recently passed a law for the suppression of drunkenness in Galicia and Bukovina, which contains the two following provisions: No suits shall be allowed against an individual for debts contracted in an ale-house while he was in a state of intoxication. It is also forbidden to every person who shall have been punished three times for drunkenness during the same year to enter an ale-house, even if he is hungry. This last means for the suppression of drunkenness, says *L'Union médicale*, will make drunkards tremble, — to pass by an ale-house without being allowed to enter!

— It will be remembered that the legislature of California, at its last session, passed an act to regulate the practice of medicine in that State, and provided for the appointment of a board of examiners to determine what persons are duly qualified as practitioners of medicine and surgery. Accordingly, at the last annual meeting of the Medical Society of the State of California a board of examiners was appointed. This board has worked hard during the past year, and has determined the status of nearly one thousand physicians. The secretary of the board, Dr. W. A. Grover, has prepared a catalogue from the material thus collected, giving the standing of each physician; it also contains a copy of the act. It is a valuable book of reference, and might in future editions be made still more so by the addition of such matter as is to be found in our Eastern registers.

BOSTON CITY HOSPITAL.

SURGICAL CASES OF DR. THORNDIKE.

[REPORTED BY GEORGE W. GAY, M. D.]

CASE I. *Compound Fracture of Skull; Paralysis from Depressed Bone; Hernia Cerebri; Death from Exhaustion in Eighty Days.*—Dennis C., thirty-two years of age, was brought to the hospital at 6.45 P. M., March 6, 1877, in a totally unconscious condition. He had fallen through a bridge upon a railroad track, and received an extensive compound comminuted fracture of the right side of the skull, in the region of the parietal eminence. The fragments were depressed, and the membranes and brain substance lacerated. The hæmorrhage was considerable.

Fifteen minutes after admission the left side of the face and the left arm and leg were paralyzed. The right pupil was dilated and insensible to light. The face was drawn forcibly to the right side, but the tongue was straight. Sensation was diminished on the left side but was normal on the right side. At the time of the accession of the paralysis the pulse dropped from 100 to 80.

Dr. Thorndike being absent, Dr. Cheever raised and removed several fragments of bone without etherizing the patient, leaving an opening in the skull three by two and a half inches in extent. Immediately on raising the bone the paralysis disappeared, and the pulse went up to 112. Partial consciousness returned, so that the patient was able to answer questions and give some account of himself within a few hours. Ice-bags were applied to the head.

The next day the patient was conscious and had no paralysis, but convulsive movements set in. They soon passed away, however, leaving him pretty comfortable.

Palsy of the left hand made its appearance in about a week after the accident, and it was predicted for the reason that the temperature of the left axilla was two degrees higher than that of the right, for twenty-four hours previous to the paralysis. It was 102° in the former, and 99.9° in the latter. This fact has been noticed in the hospital in other cases of palsy following head injuries. In the present instance the difference in the temperature of the two sides persisted, to some extent, till death.

A hernia of the brain became developed in about three weeks, and grew to be upwards of four inches in diameter. The patient was troubled a good deal with headache and restlessness, and the palsy of the left side became complete. Emaciation and loss of strength gradually increased, although the patient remained conscious till near the last. Death took place May 25th, eighty days after the accident. There was no autopsy.

The following are some of the peculiar points in this interesting case: the great amount of injury to the skull and its contents; the unusual size of the hernia cerebri; the sudden return of consciousness on raising the depressed bone, and its constant continuance afterwards till death was about to take place; the higher temperature of the palsied side, which preceded paralysis and persisted to the end of life; and finally the remarkable length of time during which the patient survived his injuries.

CASE II. Fracture of the Base of the Skull; Hæmorrhage from the Ear; Paralysis; Recovery.—Mr. —, fifty-four years old, a carpenter, was struck by a plank, which fell forty feet and knocked him against a pile of lumber. Admitted December 19, 1876, under the care of Dr. Thorndike. When brought to the hospital, soon after the injury, he was very restless, talking incoherently, and tossing about. Pulse was 80; skin cool; bleeding from the left ear, and vomiting blood. No signs of external injury about the head. There was a comminuted fracture of the left humerus and left leg, both in the middle third. Cold applications were made to the head, and temporary splints were adapted to the limbs. He was expected to die in a short time.

The next day he was conscious and more quiet. He spat some blood and vomited a "coffee-ground" substance during the night.

Five days after the accident there was drooping of the left eyelid and paralysis of the whole of that side of the face. Two days later he was delirious, and swallowed and articulated with much difficulty. The sensation of the *right* side was diminished. It should be said that the delirium was preceded for some days by a dull headache.

January 2, 1877. His speech and power of swallowing were improved, but there was still a light-colored discharge from the left ear.

January 10th (twenty-two days after accident). The patient was removed from the hospital by his friends. He had some headache, and the paralysis of the face still persisted; the left eyelid drooped and the tongue pointed to the left side. The discharge from the ear had ceased. The leg and arm were doing well. He has since been heard from as being well enough to get out-of-doors.

A recovery from a fracture of the base of the skull is so rare an occurrence that the diagnosis may be very justly questioned. Bryant says that facial paralysis combined with a bloody or serous discharge from the ear renders the diagnosis of fractured base complete. The above patient had these symptoms in a marked degree.

CASE III. *Compound Fracture of the Skull; Hemiplegia accompanied by a Higher Temperature on the Affected Side; Death in Three Days.* — Mr. B., aged thirty-seven years, was brought to the hospital January 8, 1877. He had been kicked on the head by a horse, but did not lose consciousness. The right pupil was slightly dilated, but there was no paralysis. There were two wounds on the right side of the head, leading down to a comminuted fracture of the parietal bone.

The patient having been etherized, Dr. Thorndike removed several fragments of bone from the wounds, and also a small piece of a felt hat. Ice-bags were applied to the head, and an opiate was ordered to relieve pain. The patient was conscious the next day, but slight paralysis of the left side began to show itself, and the temperature of the corresponding axilla went up to 102.2° , while it was only 101.2° on the right side.

The third day of the injury the left side was completely paralyzed. The temperature in the left axilla was 104.5° , and only 102.5° in the right. During the day he became unconscious, and both pupils were widely dilated. He gradually failed and died January 11th, three days after the accident. A short time before death the temperature was 107.5° on the paralyzed (left) side, and 105.4° on the other. These observations were very carefully made by two different thermometers, and may be relied upon as being correct.

DR. BOWDITCH'S CLOSING REMARKS AT THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

MESSRS. EDITORS, — According to your request, I send you a copy of my remarks, made toward the termination of the late session of the American Medical Association, and immediately before those by Dr. Richardson, the president elect, which you printed in a former number of this journal.

Faithfully yours, HENRY I. BOWDITCH.

GENTLEMEN, — The time for the closing of this session of our association has now arrived. It seems to invite me to say a few parting words. I believe I have no precedent for what I shall say, and I trust that I shall not, by this action, entail any unpleasant duty on my successors. But, gentlemen, I dare not trust myself to extemporaneous speech.

I thank you with all my heart for the great kindness you have shown to me in selecting me as your presiding officer during the past year. That you placed me here voluntarily, without solicitation on my part, or (with my knowledge) on the part of my friends, has been deemed by me the highest and sweetest honor of my life.

I thank you, also, for your courtesy displayed during this meeting. There