

he had done to make so many tears flow. I do not know. I am afraid none of us has any adequate conception of how much good that hot-headed, hard-headed, big-hearted Canadian Scotchman did in the fair city of Toronto.

A.H.W.

#### HISTORY OF DR. M'FARLANE'S ILLNESS.

On Friday, February 21, at 3 p.m., Dr. McFarlane was operating on a patient in the Toronto General Hospital. The case was one of gangrene of the toes from frost-bite, and amputation of certain of the toes was performed. Whilst inserting the sutures, Dr. McFarlane ran a needle into the palmar aspect of the terminal phalanx of his left index finger with considerable force, the needle reaching the bone. He washed his finger carefully in carbolic lotion.

There was no pain or uneasiness in the finger until the following morning (Saturday, February 22). The pain in the early morning was considerable, and he also complained of severe pain in the limbs; he took a dose of morphia, and subsequently went about as usual visiting his patients. He returned home at midday, and then complained of increased pain in the finger; this grew more severe, and early in the afternoon he was suffering greatly. He now complained of pain throughout the body generally, but particularly in the lower extremities and in the back; at 3 p.m. he was suffering agony, the pain in the limbs far exceeding that in the injured finger; gr.  $\frac{3}{8}$  morphia was administered hypodermically. The temperature at this time was normal. Under cocaine the palmar aspect of the index finger, which was slightly swollen, was incised with four parallel incisions down to the bone; there was scarcely any bleeding from the cuts; there appeared to be almost complete stasis of the circulation. The hand and forearm presented no swelling, but tenderness was noted on the extensor aspect as high as the middle of the forearm. The arm was placed in a carbolic bath (1-50). The pain in the limbs returned at night, and gr.  $\frac{3}{8}$  morphia was administered at 10.45 p.m. The temperature at midnight was  $103^{\circ}$ ; pulse 114. The bath was kept warm, and iodine was used alternately with the carbolic acid.

In the morning (Sunday, February 23), the index finger was black and gangrenous up to the second joint; the back of the hand was somewhat swollen, and was very tender to the touch. Under cocaine some five or six parallel incisions were made in this region; some large veins bled freely, but the tissues presented a choked condition on section, having a gelatinous appearance. He had some slight tenderness over the back of the forearm and a little tenderness over the inner side of the arm, about three inches above the elbow-joint; this latter was attributed to the pressure of the arm upon the edge of the bath. His general condition excited alarm; his temperature at noon was  $102^{\circ}$ , pulse 115. His complexion was somewhat dusky, and he appeared a little flighty at times when conversing with one. Towards evening, however, he seemed decidedly better. The temperature at 8 p.m. was  $100\frac{2}{3}^{\circ}$ , and pulse 109. He had been troubled somewhat during the day with nausea.

On Monday, February 24, the tenderness had increased considerably on the back of the forearm. Ether was administered, and some twelve or fifteen incisions, each from  $1\frac{1}{2}$  to 2 inches in length, were made over the back of the forearm; the incisions were carried down to the deep fascia; the same choked,