

slightest interference with its obscure position as concerns functional activity. The case in question is peculiar, as to the sudden constipation after so copious an evacuation the night previous. Impaction was evidently the primary source of irritation, which afforded, as is usual in such cases, at their origin, no prevention to the action of an aperient, but the local changes induced by twelve hours of acute inflammation extending circumferentially from the *appendix*, was the great barrier, against which the various remedial agents could not prevail. Taking into consideration the sudden accession of pain, confined to the cæcal region at its origin, followed shortly afterwards by the action of a purgative, subsequently the rapid constipation, associated with sharp lancinating pain radiating from the same point as a centre to the entire abdominal parietes, together with the great prostration of the vital powers, led me to suspect that some material had insinuated itself into this tube and thus sealed the fate of one of our most enterprising and most energetic citizens.

Ottawa, March 26th, 1861.

ART. XXI.—*Cases of Pneumonia, occurring in the Glasgow Royal Infirmary.*
Reported by FRANCIS WAYLAND CAMPBELL, M.D., M.R.S.E.

During my attendance on the practice of the Glasgow (Scotland) Royal Infirmary in the months of November and December, 1860, and January, 1861. Pneumonia appeared to be more than usually prevalent, a large number of cases, the most of them being severe ones, were admitted principally into the wards under the charge of Dr. Bell, the Professor of Clinical Medicine in the University of Glasgow. It will be noticed that in one of the cases, the only internal remedy used was Nitro Muriatic Acid—in the other two, Nitro Muriatic Acid and the Proto-iodid of Mercury. I may state, however, that I saw several other cases treated solely with the Nitro Muriatic Acid with the most favourable result. Dr. Bell had often noticed the beneficial effects which this remedy exercised over the enlarged liver of tropical countries; and as not unfrequently cases of Pneumonia came under his observation, where, owing to the disorganised condition of the lung from tubercle, &c. he considered mercury inadmissible—he was induced to try it, and the result was even beyond his highest anticipations. It acts, he considers, as an absorbent. Dr. Bell thinks it absurd to give tartarized Antimony in a hepatized lung. He prescribes the Proto-iodid of Mercury, in cases where he thinks this drug necessary, in preference to Calomel, for several reasons, among which are these: He thinks that it acts better and more *quickly* as an absorbent, and does not debilitate the patient so much. Besides he objects to the administration of opium in this disease, and it must be combined with Calomel to prevent its acting on the bowels, which is not the case with the Proto-iodid.

The notes are not as full as I would wish, owing to my frequently being in the Surgical wards of the Infirmary.

Thomas Smith, a mason, exposed to all kinds of weather, æt. 40; admitted on the 25th of December (Christmas Day); states that six weeks since was seized with a rigor, and soon after with a cough and shortness of breathing, and pain