

ratepayers and of the government aid of \$4,000 for land and buildings and \$1.50 a week for each patient and establish a municipal sanitarium under the Act exclusively for our citizens suffering from consumption, or shall this city become the dumping place of the whole Dominion for advanced cases of this disease?

April 18, 1904.

E. J. BARRICK.

MISCELLANEOUS.

NECROSIS OF BODILY TISSUE

Edmond J. Melville, M.D., C.M., Bakersfield, Vermont, writes:—

When the absorption into the system of simple necrosis of bodily tissue produces fever and its usual train of symptoms, the line of treatment is plainly surgical. Nevertheless, cases arise when surgical interference is refused by the patient, is unadvisable and impracticable.

While no claim for originality is put forth by the writer, the following cases may serve to show that medical means have been too much overlooked in the past few years:—

CASE 1.—July 11, 1902, was called to see S.C., male, aged forty-eight, farmer. Bodily health heretofore had always been excellent, except periodic attacks of indigestion which were always relieved by free catharsis. Found him suffering severe pain over appendix. Temperature 102° F. Abdomen tense and tender in iliac region. Pulse 90; bowels constipated. Gave salines and opiates until free catharsis was produced and pain relieved. From above mentioned date until July 20th, very little pain was present, but tumor in appendicular region grew gradually until it reached the size of a child's head. Evening temperature 102° F., with morning remission of one or two degrees. General condition good. Patient dreaded an operation, and asked if nothing in the way of internal medication would be useful to him. My treatment for eight days had been complete rest and an ice bag on right iliac region. Having had some experience with echol (Battle & Co.) in septic emboli, I began its administration in one-drachm doses every two hours, and continued former treatment, with an occasional hypodermic of morphia to allay restlessness and insure physiological rest for the bowels. Saw no change until July 25th, when temperature began to fall until August 2nd, when it became normal and has remained so until present time, September 2nd. Tumor disappeared entirely in two weeks and he has made a complete recovery.

CASE 2.—G.S.F., aged eleven, had tooth extracted June 20th, after a preliminary hypodermic injection of a four per cent. solution of cocaine. Whether the solution was sterile or otherwise, on July 4th she began to