very weak, pulse 100 to 120, and the affected limb largely swollen for some distance above the knee joint, and exhibiting irregular patches and lines of redness. The enlarged and hardened lymphatics which had previously been quite distinct, were now nearly indistinguishable, but the absence of diffuse and continued redness, and the fact that a hard cord had extended upwards from the wound proved that the diagnosis was correct. As the patient was evidently sinking, the only treatment that could be prescribed with any hope of benefit was stimulant and tonic—general supporting measures, in fact—with iron to improve the blood, and warm fomentations and anodyne applications locally. All in vain were our efforts—the patient sank and ultimately died about the tenth or twelfth day from the beginning. The same vaccine matter, I believe, with which he had vaccinated others in the neighborhood, he had used on himself, and inserted it in the calf of the leg because it would not act in the arm. Two or three days after its insertion into the leg, the part began to pain and swell, and red streaks to run up the leg, while, in addition, chills and uneasy sensations invaded his body, so that the constitution began to suffer.

The reason of this untoward course of vaccination at certain times, or in certain persons, I cannot explain; and I dare not now hazard the opinion whether these results are the effects of some change in the matter used, or some peculiarity in the person operated on, or because one of the lymphatic vessels itself may have been wounded, and become the recipien. of the virus.

Certain it is that this result of vaccination is alarming, and calls for extreme caution in the use of matter and the choice of means and circumstances with which vaccination is performed.

This is the second case I have visited in nearly the same neighborhood since last fall, in which vaccination was the starting-point of disease. The other was in the arm, and seemed to have more the character of erysipelas. She, however, recovered after a long sickness, which was accompanied with a great deal of suppuration in the arm.

Kingston July 9, 1873.

KINGSTON HOSPITAL.

CASE OF APOPLEXY.

Under the care of Dr. A. S. Oliver. Reported by K. N. Fenwick.

Ann Bulger, æt. 60, while engaged at her occupation as charwoman, was attacked with giddiness, severe headache, and a feeling as if she had been shot through the head. She speedily became unconscious, her breathing became laborious and noisy: her pulse small and infrequent; pupils dilated and immovable: corneæ perfectly insensible; eyes closed; whole body flaccid and motionless, and if the limbs were raised they fell passively to the ground. Immediately after the seizure she vomited a little, and there was difficulty of deglutition, so that she could not be be made to swallow any liquid which was offered to her. There was slight paralysis on the left side. She was removed to the Hospital as soon as possible, when the following treatment was had recourse to. The head was raised, and cold cloths applied constantly to it. Vomiting was encouraged by the application of sinapisms to the epigastrium. An enema of soapsuds and croton-oil was administered, but no response took place. Sinapisms were applied to the soles of the feet for two hours without the least effect. She continued in the same state until 5:50 next morning, when she died. A post-mortem was held the same day, when a large clot of blood was discovered on the right side of the brain, owing to a rupture of the middle cerebral artery near its junction with the right internal carotid. There was some evidence of meningitis from adhesions of the dura mater, and the convolutions were somewhat softened. The heart was perfectly sound, of normal size, and the valves were perfect.

FRACTURE OF THE SKULL.

Thomas Eword, æt. 37, admitted May 18th, with fracture of the skull. On Wednesday night, the 14th, while among some drunken fellows, he got into a dispute, and received a blow on the head from a sharp stone. He made some exclamation, and went into the house, holding his hand to his head. He then walked home, slept some that night, and next morning became delirious. On Friday he was seized with convulsions, which commenced by twitching of the right hand, becoming gradually more extensive, severe, and frequent.

His power of speech was completely gone, probably owing to paralysis of the right side of the tongue, or from paralysis of the organ of speech, which some physiologists suppose to be located near the fissure of Sylvius on the left side. His right cheek and arm were paralyzed, but neither legs were affected. The convulsions continuing, and becoming more frequent, it was decided to operate on Monday afternoon. A Y incision was made so as to extend the wound, and some pieces of bone were elevated and removed. The dura mater was found to have been pierced, and on removing a piece of bone about one inch in length some brain substance exuded. Some other small pieces of bone were removed, also, and two stiches put in the wound. A piece of lint soaked in aqua carbolici, (1 to 40) was applied, and over all a cold wet cloth was placed, to be frequently changed. Half a grain of morphia was administered, and he slept quietly all evening. At night his pulse was 82; temperature 101·2; bowels regular, and urine normal.

May 20, 9 a.m.—Pulse 80, temperature 99°. Has had no convulsions since the operation, with the exception of a slight one while sitting up in bed to take his supper last night. Sleeps nearly all the time, unless when spoken to. He seems quite sensible, putting out his tongue when asked, and nodding assent or shaking his head in the negative, quite rationally. The aphasia continues.

May 22.—This afternoon the discharge from the wound is more profuse, and some loose brain substance came away. Temp. 100·8°. Appetite has been very good all along.

May 25.—Has been progressing very favourably until this evening, when he appears rather restless. As he had no sleep for two or three nights back, Chloral Hydrate grs 20 was administered, followed in an hour by twelve grains more, but this had no effect whatever in causing sleep or removing the restlessness.

May 27, 9 a.m.—Pulse 64; temp. 90°. Has been dosing asleep all night, is quite unconscious now, and cannot be roused at all. 2 p.m.—Pulse 114; temp. 101·8. He still continued unconscious until 4·30 p.m., when he died. He had a slight attack of bronchitis when admitted, and towards the last as he became unable to expectorate, the mucus got down into the air-vesicles, and produced a sort of pulmonary congestion.

On the 28th May, a post-mortem was held, and the following state of affairs was found. The fracture was a compound, comminuted one, situated a little in front of and above the left ear, being through the parietal bone where it is overlapped by the squamous portion of the temporal bone. The calvarium was removed, and a hole about an inch square, was found where the blow had been received. There was a hole through the dura mater at this point, and pus mixed with brain substance exuded. A spiculum of bone, about n inch long and quite thin, being a piece of the inner table, was found sticking through the dura mater into the brain, along with three or four small pieces. The inner plate was extensively splintered, and the large piece that was removed by the operation, together with the piece found sticking in the brain, were found to fit exactly into the inner side of the fractured skull; and some other pieces of the inner plate were sprung in so as to press on the brain, but were not detached. The brain was then removed, and on opening the left ventricle an abscess was found to extend from the wound all through the left side, the whole of the left hemisphere being disorganized. On the surface of the hemispheres the vessels were slightly congested on the left side, and very much so on the right side, probably owing to the contrecoup. The lungs were found congested and void of healthy crepitation, but the heart and all the abdominal viscera were quite healthy.

K. N. Fenwick, House Surgeon.

Sir Henry Holland has been elected President of the Royal Institution for the ensuing year.

The Cholera appears to be abating in Tennessee, but cases have occurred along the rivers, and fresh outbreaks are feared.

From Monte Video we learn that the yellow fever is fast disappearing, and that the port of Buenos Ayres will soon be reopened.

A Liverpool druggist has been fined for selling adulterated quinine. A direct operation of the Adulteration Act will probably be the elimination of a great deal of quinoidine, salicine, &c., from the drug market.

The Paddington Board of Guardians have resolved to introduce singing birds into the sick-wards of their workhouse, which they hope will help to lighten the weariness and monotony inseparable from the condition of a pauper invalid.

Asiatic Cholera has been introduced from Poland into two small villages in the Province of West Prussia. The authorities have, in consequence, taken precautionary measures by establishing a visiting station at Graudens, and ordering persons coming from the infected places to undergo a quarantine of five days.