

squamous disease and the gouty diathesis? Had he not a gouty diathesis, would the absorption of a septic poison from the pig's body have ultimately resulted in pityriasis? How often do we see a scaly eruption alternate with attacks of gout. In this case I ought to have combined celchicum with arsenic, as I have often done with advantage in all the squamæ.

This case, if any reliance can be placed upon the patients belief of the cause, is very suggestive of a matter, foreign, however, to my present subject. It illustrates the mode by which one disease, at least, is propagated, from the inferior animals to man. The pig is normally affected with squamæ. Did not man originally contract these diseases from the pig? We all believe that small pox, syphilis, and probably all the *specific* diseases, were originally contracted from the inferior animals. A disease affecting them, and not materially hurting them, if transmitted to man may become most formidable and fatal.

I am convinced, that from the comparative infrequency of gout in Canada, medical men too often treat equivocal manifestations of disease which really depend upon the gouty diathesis, without the idea of gout ever entering their minds, and *ergo*, their treatment of such cases is too often unsuccessful. And inherited gout, if the subject live an active and frugal life, usually, instead of the disease appearing in the *regular* form, is liable to show itself in one of the numerous erratic and unintelligible maladies which so often perplex us in our professional walks.

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#### EXTENSIVE LACERATION OF DIAPHRAGM, WITH PROTRUSION OF THE GREAT CUR- VATURE OF THE STOMACH INTO THE LEFT PLEURAL CAVITY.

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Isaac Smith, a carpenter, a healthy, muscular man of about 45 years, in the enjoyment of perfect health until the afternoon of the 5th May, when he had worked very hard—in fact, had exerted himself to an unusual extent, in order to finish a job (his work at the time was using a cross-cut saw, alternating with the adze and broad-axe)—was suddenly seized, about 5 o'clock

in the afternoon (immediately after turning over a stick of timber), with a violent pain in the abdomen, accompanied with nausea, faintness, and a feeling of coldness: he had no rigor.

I was called to visit him about 7 P.M., and found the patient lying on a settee, near a hot stove, still complaining of great pain in the belly, with nausea, hiccough, and constant eructation of gastric mucus (no actual retching); pulse small and very frequent; voice feeble; surface perspiring; extremities cold; countenance anxious. I ordered him to have hot fomentations to the abdomen, and gave a  $\frac{1}{3}$  gr. of sulphate morphia. I saw him again about 10 P.M., and found the symptoms but little changed. I left him another dose of morphia, to be taken during the night. Saw him on the 6th, at 10 A.M.; found him in less pain, but the patient had not slept, and was very restless, the hiccough and eructations still continuing. I suspect the morphia to have been in great part ejected. I gave him another dose, continued the fomentations, and visited him again in the afternoon with my brother-in-law, Dr. Digby (who continued to visit the patient with me at intervals until his death.) The pain in the abdomen was now almost entirely gone; no tenderness or tympanitis. The pulse was also somewhat improved, but the hiccough and eructations were as troublesome as ever. I gave him a large soap and water injection, which was, after fifteen or twenty minutes, returned as pure as when administered. He also began to suffer much from thirst;—he was ordered a little wine, small pieces of ice, and small quantities of cold water.

On the 7th he was getting very weak, having had no sleep since his attack, and everything he had swallowed had been ejected; the hiccough and eructations as distressing as ever; great restlessness, pulse small and very quick; surface, particularly extremities, cold and perspiring; the abdominal pain, however, was gone, but there was a feeling of great uneasiness, not amounting to pain, at the epigastrium.

He now had a nutritive enema of beef-tea and gruel administered, which was retained, and also a  $\frac{1}{4}$  gr. morphia, given by the hypodermic syringe. The enema was repeated in the evening, and under this treatment for the next thirty-six hours he appeared in some of his symptoms