

ball being lodged, does not increase or hasten the suppuration of its track, providing the ball be removed as soon as the suppuration of its track be sufficient to facilitate its removal. The presence of the ball may give no trouble.

7th.—Continues comfortable.

10th.—Still comfortable; no inflammation; continue cold water dressing.

13th.—Very restless night; tongue coated; some pain in foot; bowels constive. R.—Seidlitz powder.

14th.—Last night had excruciating pain in foot and leg, with high fever. Gave sulph. morph. gr. ss. every half hour six times. The pain not much relieved; gave chloroform until he got ease; put fomentations to foot. Quite easy this morning; bowels open. R.—Quinia sulph. gr. x.

15th.—Easy; good night; tongue still coated; no appetite; continue fomentations of anthemis. R.—Q. S. gr. i.

16th.—Continues easy; asks for the heat to be kept to foot. To-day took some egg-nog; wound granulating on the surface. Quinia sulph. gr. i.

20th.—Easy, and continues to improve; still no suppuration in track of the ball.

24th.—Comfortable; wound healing fast.

April 3rd.—Moving about on crutches; wound nearly healed; can bear considerable weight on foot without pain.

15th.—Uses a staff; walks with very little pain.

May 1st.—Returns to duty; no lameness; feels a little stiff from the adhesion of integuments about the wound.

I have heard from Mr. B. within a few months. He is now fuel agent for one of the Western roads, and has never had any pain or inconvenience from his foot. The ball was no doubt round, and fired from a smooth-bore rifle.

While balls often remain in soft tissues without giving inconvenience, it is seldom they lodge in a bone without causing a fracture.

"Il est assez rare de voir les balles s'arreter dans la tete des os sans y determiner de felure ou sans les faire eclater. Le Musée du Val-de-Grâce possède un beau spécimen de ce genre de fracture. C'est une balle logée dans la partie postérieure de la tete de l'humérus on elle a déterminé consecutivement une cavité, au centre de laquelle elle est mobile comme un grelot, sans avoir laissé trace d'aucune autre lésion." (L. Legouest Traité Chirurgie d'Armée.)—*Cal. Med. Gazette.*

Clinical Lectures.

MEDICAL CLINIC.

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CASE I.—*Albuminuria.*—Dr. Flint first called attention to the fact, as illustrated in a case already presented, that one examination of the urine was not sufficient for the diagnosis of renal disease. The patient had been a drinker of spirituous liquors, generally whiskey "straight," for fourteen years. He had hydroperitoncum. The urine, on admission, contained no casts or albumen. Under a week of hospital hygiene and diuretics, he had

much improved; but now the urine contained albumen.

CASE II.—*Jaundice from Subacute Duodenitis.*—Man, middle-aged. Well up to September 29th, upon the morning of which day he had a chill, with pain and tenderness in right hypochondrium. Anorexia; nausea and vomiting, constipation, relieved by castor-oil. Debility, cough with slight expectoration, and slight jaundice, existed on admission. Urine not examined, but probably contained more or less bile.

In such cases we might diagnosticate subacute duodenitis. Sometimes subacute gastritis also existed. The jaundice was due to the fact that the inflammation had extended along the bile ducts, producing obstruction. It might be prognosticated as of brief duration. Mild purgatives were indicated if the bowels were much loaded; small blisters over the epigastrium were serviceable; and mild anodynes, e. g. hydrocyanic acid or bismuth, might be used as palliatives.

CASE III.—*Vertigo.*—Man, æt. 26, oyster-opener. A drinker, and formerly a great smoker. Appetite fair; no dyspepsia. Had been subject to vertigo for a year, during which he had quit work, apprehending an attack of paralysis or epilepsy. But as a rule, vertigo did not precede these diseases. It was more frequently connected with disorder of the stomach. Immoderate use of tobacco and excess in venery were also not infrequent causes. It was ordinarily a functional disorder, not dependent upon antecedent organic disease. This patient bore no evidence of disease of brain, heart, lungs, or abdomen; he had improved since admission. The treatment consisted in allaying mental apprehensions; next in removing any physical derangements, and in giving tonics, and securing good hygienic conditions.

CLASS IV.—*Renal Dropsy.—Treatment by the Bichloride of Mercury.*—In the case of a man with general dropsy of four months' standing, dependent upon renal disease, Dr. Flint called attention to a new method of treatment by the use of the bichloride of mercury in small doses. The patient had been in the hospital about two months. On admission his urine contained albumen and waxy casts. Corrosive sublimate was given in doses of 1-32 part of a grain with compound tincture of cinchona. The dropsy had now nearly disappeared. This result, however, might be due to a considerable extent, to the improved hygienic conditions under which the man had been placed. It was also not as yet perfectly certain whether his disease was organic or simply acute tubal nephritis; in the latter class of cases recovery generally took place, and the disease did not tend to terminate in organic disease. The new treatment was also being employed in another case of general dropsy, attended with renal disease and hydrothorax. The results of the treatment would be stated at some future period.

CASE.—*Sulphite of Soda in Intermittent Fever.*—Dr. Flint next spoke of the use of sulphite of soda in the treatment of a case of intermittent fever, which he presented. It had been found to act not so promptly as quinia, but more permanently. A drachm three times a day would be given to the patient, a boy at about eleven years. In this case also the result would be stated subsequently.—*Med. Record.*