

cluding what has already been done: but meanwhile we are justified in considering his single successful result as at least very suggestive.

The following case is one of pancreatitis, with hemorrhage and fat necrosis:

Dr. Oldright was called to see Miss H. during the forenoon of Monday, October 5th, 1891, the message indicating that she was in severe pain, afterwards found to be referred to epigastrium. The intensity of the pain may be inferred from the fact that two messages were sent within fifteen minutes. On questioning it was found that the patient, in addition to an ordinary breakfast, had eaten a number of grapes, swallowing the skins. A diagnosis of acute dyspepsia was made and treatment to suit ordered, a small dose of morphine being given with other remedies. Within an hour and a half the physician was summoned again, the epigastric pain having become very intense, and being described now as passing through the back and up under the shoulder blades: vomiting had occurred, a quantity of grape skins constituting part of the vomited matter. A hypodermic of morphia was given to relieve urgent symptoms, and purgatives prescribed in order to clear the alimentary canal; at this time also a purgative enema was administered, with little result. During the next twenty-four hours opiates and carminatives were administered and counter-irritants and fomentations applied externally. On Tuesday afternoon the patient appeared much better, and so far no rise of either pulse or temperature had been observed, but towards the evening the temperature rose to  $101^{\circ}$  F., and the radial pulse beat 100 to the minute; continued pressure over the lower part of the abdomen disclosed tenderness; treatment, opium in large doses and hot fomentations. On Wednesday morning the pain had subsided to a great extent, but nausea was marked. Opiates were now omitted and purgatives again administered—calomel, Seidlitz powder, and enemata. Bowels were moved thrice between 12 o'clock a.m. and 3 o'clock p.m., many grape seeds and skins passing. Shortly before 3 p.m. the physician was sent for, the report being that the patient had lost the use of her limbs. This motor paralysis was found to be complete in the arms and partial in the legs. Sensation also was impaired, more noticeably in the right arm than elsewhere. Hysteria from exhaustion was suspected, and a consultation asked for. About 8 o'clock p.m. Dr. J. E. Graham saw the patient with Dr. Oldright. The condition then was about the same as before; pupils, normal; pulse, fifty beats to the minute; muscles of neck paralyzed; sphincters, all right; patellar reflex was not obtained, but the test could not be made satisfactorily; no reflex gagging occurred on tickling the fauces; no paralysis of muscles of face or tongue; voice like that of a person with