

or two after the operation, but for a week past she has had pains in the back, accompanied with menorrhagia. On examination, a rather soft, solid mass was felt pressing down into the upper cervical canal anteriorly, which at first thought I suspected might be the somewhat inverted wall of the uterus. The sound however could be passed  $2\frac{1}{2}$  inches beyond its lower border of union with the body of the uterus, and I therefore decided that it was a tumor in the wall of the latter.

Operation. Chloroform was administered assisted by nurse. The presenting surface of the mass was seized with a vulsellum forceps, and with the help of blunt scissors and fingers, the tumor was gradually enucleated. It proved to be about the size of a small orange. The free surface measured about  $1\frac{1}{2}$  inches across, the remainder of the tumor of course having been embedded in the anterior uterine wall. Very little hemorrhage attended the operation. Pledgets of cotton wool were applied as before.

June 22.—Cotton wool removed, carbolized injections to be used three or four times a day. Little or no disturbance from operation, pulse and temp. being as they were previously.

June 25.—Doing well, very little color in discharge and she suffers no pain.

June 30.—Was up about the room two days ago without leave, and since then there has been some bloody flow.

July 2.—Discharge has ceased, the patient is up and dressed.

July 17.—Has continued free from discharge, and left for the country to-day.

## THE MANAGEMENT OF PNEUMONIA.

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Perhaps there is no disease about the treatment of which physicians differ more than pneumonia. There have been, and there still are, two general modes of treating this disease. The first, the antiphlogistic treatment: the second, the expectant plan. By the first it is hoped to cut short the course of the disease or stay its progress. To this end tartar emetic, aconite, and veratrum viride are administered and venesection performed. By the second plan we hope by careful watching, by restraining the violence of the fever—by good

nursing, dieting, and a careful attention to hygienic conditions, to guide the patient through the crisis back to health. In order to reach the subject in a practical way I shall narrate briefly the history and treatment of three cases, and conclude with a few remarks upon the same.

CASE I.—February 6, '84, I was called to see J. H., aged 30, a strong, full-blooded, vigorous man; found him suffering from pleuro-pneumonia. The day previous he was attacked with chills, violent headache, and sharp stitch-like pain in the side. Pulse 120, temp.  $105^{\circ}$ , resp. 36. The middle and lower lobes of the right lung were consolidated. Gave minim doses of tr. aconite rad every two hours combined with three grain doses of quinine; pulv. Doveri., grs. viii, to be given occasionally to relieve pain. Applied mustard over the whole of the right lung, to be followed by hot wheat-bran poultices, changed every two hours; bled to  $\bar{x}xx$ . Saw patient three hours after bleeding; resp. 32, temp.  $104\frac{1}{2}$ , pulse 112, very soft and full. Expectoration, which has been profuse and "rusty," almost stopped; cough much less severe; delirium and subsultus developed.

7th, Patient much more delirious; mouth dry and parched; pulse 133, temp. 103, resp. 32. Stopped aconite and ordered tr. digitalis and am. carb., continuing quin. sulph., grs. iii, every four hours; also to have six ounces of brandy in milk daily. For four days and nights the delirium continued; chloral hydrate and bromide of potassium, single and combined, within the limits of safety, failing to produce sleep till the fifth night after the bleeding, when he fell into a slumber so profound that he had to be awakened by his attendants. On the fourth day after the bleeding the consolidation had almost disappeared. Acute pain from pleuritic adhesions came on, which was relieved by strapping the chest with adhesive plaster. Under the digitalis the pulse fell from 133 to 112 on the second day after the bleeding, and on the third had fallen to 100. The patient was much exhausted on recovering from the delirium. The pulse remained at 100; tongue brown, dry and parched. He also suffered from moderate diarrhoea, which I did not think proper to check. As the delirium went on I increased the daily amount of brandy to eight ounces; also gave him all the milk he could be made to take. The recovery was very tedious.

CASE II.—On the same day that I made my