

Wharf, where so many thousand foreigners were landed last winter owing to the stringent quarantine regulations enforced by the United States. They were first reported by the all-knowing press agents as cases of cholera. They were taken sick at the same time and in the same way. The other one, a young girl, made a good recovery from what proved to be a mild attack of typhoid. Her treatment was based on general principles. This one unfortunately succumbed to a very severe complication, that of meningitis, both cerebral and spinal. Had the house surgeon given him a large dose of calomel instead of black draught on admission I have occasion to think that at least the severity of the disease would have been much modified. The intense pain in the abdomen which came on after the purgative and the tenderness which persisted prevented me from following my favorite plan of dosing well with calomel during the first week of typhoid. When the dose of calomel was given there was every appearance of intense cerebral congestion and speedy dissolution. As a forlorn hope the dose was increased to xx. grs., but I have seen xxx. grs. given, and with excellent results. In this case its good effects were nil. When the poison of typhoid attacks the meninges the prognosis is most unfavorable under any treatment. I did not prescribe bromides because I had seen them do more harm than good in a case exactly similar. Still, perhaps with ergot they might be used with advantage.—M. CHISHOLM, Visiting Physician V. G. Hospital.)

TWO CASES OF ANEURISM.

Aneurism of Abdominal Aorta, Simulating a Psoas Abscess.

By M. CHISHOLM, M. D.

W. F. P., aged 32, occupation master mariner; social condition married;

residence, Newfoundland; admitted to V. G. H. January 7th, 1873. Complaints of severe pains in the thigh (anterior aspect) and back.

Personal history: Born in Harbor Grace, Nfld., followed fishing for a living until 20 years of age; then went to sea; was always well with the exception of a severe attack of gonorrhœa contracted 10 years ago in England, for which he was treated in a hospital; never had any sickness since then until the present attack began. No well marked history of syphilis.

History of present attack: About 18 months ago he first felt a pain in his back, which lasted for several weeks and disappeared for several months. He had several attacks; did not seem to follow or become aggravated on exertion. About three weeks ago was taken with pain in the left thigh in front which kept gradually getting worse till his admission to the hospital. It is much worse at night; says it is in the bone.

Family history: Father died aged 73; mother dead from cause unknown; two brothers dead, one drowned, the other from la grippe; two sisters dead of scarlatina.

Present condition: Fairly well nourished; countenance anxious; lies on his back; does not like to be moved; pressure on the seat of pain in the thigh is not complained of; pain in the back gives no apparent inconvenience; slight tenderness on the left side of the spine opposite the first dorsal vertebra.

Digestive system: Tongue coated and moist; appetite good; bowels constipated.

Circulatory system: Pulse 110; area of cardiac dullness normal; heart sounds normal.

Respiratory system: Normal.

Genito-urinary system: Normal.

Nervous system: Cannot sleep on account of pain in thigh; sensation