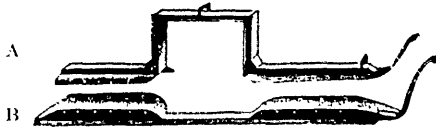


inch removed. The dressing being completed and a flannel bandage applied to thigh and leg, a splint (B) was applied beneath the leg with a plaster of Paris bandage. Then the upper one (A) was similarly applied, and all swung in a Salter's cradle.



July 2nd. Dressings changed and drainage tubes removed; July 8th, dressings changed and sutures removed; July 22nd, dressings changed, wound entirely healed. Temperature never rose above 101°F , and was normal after the 8th. There was troublesome twitching of the muscles of the limb.

Sept. 1st. Splint removed for first time. Fibrous union of bones. Plaster of Paris bandage applied. Extension was applied to head and counter extension from right leg.

Nov. 15th. Has gained control of bladder. Muscles of foot and leg (right side) have gained strength but ankle clonus marked. Has gained greatly in weight and is quite comfortable.

Splint A.—Somewhat similar to that of Patrick Heron Watson, but made of a tin box ($1\frac{1}{8} \times 3\frac{1}{8}$ inches), with expansions of tin soldered on at thigh and leg to mould to limb.

Splint B.—Resembles Gooch's, but made of a tin box with foot piece and expansions as in A.

The tin box is wonderfully strong and light, and readily made by any tinsmith.

CHLOROSIS, WITH HERPES ZOSTER OF TWO YEARS' STANDING.

BY A. G. FERGUSON, M.D., VANCOUVER, B.C.

Miss Maggie A—, aged nineteen, seamstress, consulted me on September 30th, 1892, complaining of pain in chest, under left nipple; shortness of breath on exertion; palpitation; appetite variable; drowsy, but does not sleep well; disturbed with bad dreams; bowels usually constipated, alternating with diarrhoea; menses regular every four weeks; scanty: three days unwell; clotted: pain prior to and during flow; has to go to bed: pain in back at the time and during interval if she over-exerts herself. No leucorrhoea at any time. Patient fairly well nourished but exceedingly pale.

I prescribed iron and arsenic, fresh air and attention to the skin, with sulphur for the constipation and for its general tonic effect in chlorosis, as indicated by Schultz in *Berlin Klin. Woch.*, No. 13, 1892.

On October 10th she reported pain in chest gone: appetite good; sleeps well; still suffers from shortness of breath; palpitation better; much improved in color. I told her to persevere in the treatment, and saw nothing more of her until March 1st, when I was hurriedly summoned to see her on account of a fainting fit, caused by suppressed menstruation from getting her feet wet.

On this occasion she called my attention to a rash on her side which, she stated, was very painful, and which has been present at frequent intervals during the past two years.

On examination I found a patch of herpes zoster on the right side, over the course of the anterior branch of the twelfth intercostal nerve. There was the usual inflamed base, studded with about a dozen vesicles. She complained greatly of the pain, which she said was almost constant.

What I desire particularly to call attention to, is the duration of the lesion, it having lasted almost uninterruptedly for two years. The vesicles would appear, dry up, and reappear in almost the same locality, the hyperemia never totally disappearing. Crocker says: "The whole process, up to the falling off of the scabs, lasts from ten days to two weeks." Hebra, who writes the article on "H. Zoster," in *Ziemssens Hand-book*, defines it as "an acute cutaneous disease, . . . groups of vesicles continued to appear along the course of the nerve twig, . . . so that the course of such diseased process may occupy from three to six weeks."

Herpes zoster seems to attack the same individual but once in a lifetime, but there are exceptions. Kaposi reports a case in which, in a comparatively short time, it relapsed five times in the right cervico-brachial region, and for the sixth time in the same patient a lumbo-sacro-crural zoster occurred.

Causes.—Traumatic causes are described by Renaud, Paget, Weir Mitchell, and others. The more common cause is a pathological lesion of the central nervous system. Charcot and Cotaro report a case, when at the autopsy the spinal ganglia and nerve trunks were swollen and congested, while the