

(one of whom is to be the jail surgeon), to certify to the mental condition of the patient. Now, in the name of all that is fair, reasonable and courteous, who should the other be? I believe the unanimous opinion of the profession is, that the one who initiated the proceedings and had all the labor, should be chosen. But what do we find? The gentleman who knows everything concerning the history of the case is entirely ignored, and one who is wholly unconnected with the case—whose qualifications are not those of a specialist in mental diseases, is selected by the sheriff to fill the certificate and claim the fee.

In several of the States, I believe, the law expressly recognizes the *right* of the attending physician, and names him to be one of the examiners. Our statute should certainly be amended in this respect.

Yours, VERA PRO GRATIS.

Reports of Societies.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

CHATHAM, March 11th, 1887.

Dr. Rutherford, president, in the chair.

Dr. Holmes related a case of lithotripsy in a young man aged 26. A phosphatic calculus was removed in two sittings, the fragments of which weighed 7 iii gs. Patient made a good recovery.

Dr. Fleming read a paper on a case of Fracture of the Trachea, with laceration of the external soft parts. On the 6th of March, 1884, he was summoned to see J. B., æt. 46, a spare, muscular man. Found him suffering from a fracture of the trachea, with laceration of the external soft parts, and just rallying from a profuse hemorrhage. An examination of the wound with the finger started the bleeding again, which nearly proved fatal from loss and asphyxia. His violent efforts to expel the blood from his lungs, made it almost impossible to do anything to stay the hemorrhage. He was placed on his side, as well over on his face as possible, and ice applied. The bleeding ceased in a few minutes; he was conveyed to his home and placed in a large airy room, kept at a temperature of about 80° F. and its air moistened with steam. No attempt was made to close the wound, which was dressed with oil silk, over which an ice-bag was kept constantly applied. Pulse 120, temp.

100° F. He was given ergot and bromide of potassium, with a diet of milk and beef-tea. Five days later violent secondary hemorrhage set in, lasting half an hour. Similar treatment was pursued to that adopted for the arrest of the primary hemorrhage. A large quantity of fluid and clotted blood was coughed up, and the bleeding ceased when nature seemed about exhausted. He rallied slightly, when, with an almost superhuman effort, he dislodged a firm, dense clot about as large as a horse-chestnut, with immediate relief. Nourishment was given him as soon as expedient, and the bromide increased. Pulse 126, temp. 102°, though both were about normal before the hemorrhage. Thirty-six hours later, moderate hemorrhage again occurred, lasting twenty minutes. For a week after this his temperature ranged from 100° to 102° F., but remained normal the balance of his convalescence. Six weeks after the injury the wound was closed by a fibro-cellular membrane, and during this time not more than 3 iv of pus was secreted. The fourth, fifth and sixth rings of the trachea were divided, the ends separating about half an inch, while the posterior portions of them were somewhat twisted upon themselves. The missile, a square-ended white ash stick, 3½ ft. x lin. x ⅜ in., was broken into two pieces by the resistance it met. It was shot like an arrow from a drive-wheel making 1400 revolutions per minute, striking immediately above the sternum and a little to the left of the median line. Since the accident, he has suffered from diplophonia and experiences much difficulty in expectorating mucus. *Treatment.*—The hemorrhage was controlled by ice, it being impossible to ligate the vessels or to apply sufficient pressure to arrest it. Inserting a tracheotomy tube and packing the wound was inadmissible, while the lungs were loaded with blood. Ergot and pot. bromide were given to lower blood-pressure and to lessen the irritation.

Dr. Holmes favored using ergot but not the bromide, owing to its depressing action on the system and its soothing influence on the bronchial tubes. Thought opium, combined with atropine, would perhaps be better.

Dr. McKeough said a night-cap device, applied to the head and fastened to the chest, was very useful in controlling the movements and keeping the chin in a flexed position. Opium was open to the same objection as the bromide.