

FATAL HEPATIC COLIC.

Dr. Ruttan, Napanee, presented one large and two small calculi obtained from the following case. Each had rough excrescences. The large was of ovoid shape, its long diameter about five-eighths inch, and shorter two-fifths inch. Mr. H., druggist, aged 40, had been so well that he had never consulted any medical man for eleven years, when present illness began. While in his shop he has often been seen to stop, apply the hand to the right side, while his face was contorted as if in pain which would apparently soon subside. His appetite was good and his general health fair. Between New Year's and the middle of June, he had four or five attacks of hepatic colic. He had a moderate attack on the morning of the first day of his last illness, but went down town, and had an unusually severe one that evening. The pain being referred to the region of liver and back. Vomiting occurred freely but the egesta did not contain bile. Anodynes gave him perfect relief. The first decided relief to pain followed the swallowing of half a teaspoonful of chloroform in water. The matter vomited later, contained bile. He was apparently much better the following day, due to gangrene as was shown *post mortem*. His illness was of only four days' duration. It is believed that a large gallstone obstructed the common duct in the earlier days of illness which sometime before death had escaped into intestines and so allowed of vomiting of bilious matter. Such stone was not found; but the intestines were not searched with care. A calculus was found in the cystic duct and many from the size of a pin's head upward were found in the gall bladder. Nearly the whole duodenum and under surface of liver but especially the liver tissue around the common duct were gangrenous. In such cases Dr. R. would rely on opium, hot baths, chloroform. Dr. Burritt would bleed. He had seen prompt relief from venesection in several cases.

GALL STONES.

Dr. Hamilton, Port Hope, presented three specimens of gall-stones from three cases. One of them was obtained *post mortem*. The other two were from cases still living. One was the

size of a small pigeon's egg of stony hardness and glistening structure. The patient had died of a disease not at all or very remotely connected with the calculus. A second was the size of a small pea as hard and as pearly white as a tooth. The third was mahogany-coloured, weighed 35 grains, of light density, and presented five facets. A discussion as to their frequency of occurrence and significance ensued.

OBSTETRICS.

Dr. Bogart, Campbellford, gave details of a case in which there was a double placenta but only one child. There was a single cord which branched, a branch going to each placenta separately. One branch was eight inches long, the other three. He thought care should be exercised in removing the placenta and that such a condition be not overlooked as it might otherwise prove fatal.

Dr. Bell, Peterborough, reported a case in which a midwife had imprudently torn the cord across. Rapid bleeding ensued. Before a doctor could be sent for and brought, eleven miles, the woman was so bloodless as to live only a few minutes after his arrival.

Dr. Burritt reported a consultation case of delivery at full term in which the attending physician is confident no placenta was ever expelled. The membranes seemed certainly to be retained and considerable placental matter was adherent over the usual breadth of surface. There was hour-glass contraction. There was no hemorrhage at all. The child was living. He advised non-interference. A fetid discharge followed for six weeks. The recovery was good.

Dr. Richards, Warkworth, verbally reported a case of apoplexy with stertorous breathing and profound coma.

Dr. Pettigrew, Campbellford, reported a case of congenital absence of brain.

Dr. Ruttan, Napanee, reported a cure of bifid spine by operation, giving particulars of his mode of proceeding. The patient has grown up to sturdy and robust manhood.

Dr. Sinclair, Hastings, reported a case in practice.

Dr. Byam, Campbellford, promised to open a discussion on "leucorrhœa" at next meeting, and Dr. Burritt to give history of a case of uterine hydræid.

The Association then adjourned to meet at Napanee, in October.