

them on the ground that it was not a physiological process, but a pathological one. He admitted, however, that there was a great lack of deep insight among the physiologists as well as among the latest pathologists. He thought there had been no real investigation in this subject since the death of Claude Bernard. Pathology, he thought, was not at present tending in the direction of broad views. He said that under the influence of large doses of morphine the reflexes were heightened. Then, again, curare was supposed to interfere with the conduction of pain impressions. When a large dose of opium is taken, there is a period of calm with exaltation of psychic activity. He also referred to the absence of pain in hypnotism and on the battle-field. He therefore thought that there were some other nerves hitherto unknown, which, when disturbed by drugs or mental impressions, had a decided action on the pain nerves. With regard to susceptibility to eruptions, he knew of cases of hereditary susceptibility which were always accompanied with bad temper.

Dr. Armstrong had used exalgine a good deal during the last two months, with the result that it seemed to relieve the same kinds of pain and neuralgias as were cured by antifebrine and antipyrine, but a dose of four grains was not sufficient, and had generally to be repeated to produce any effect. In some cases a grain every hour for many hours acted well. It had the advantage that it did not cause nausea, and, being tasteless, was easily taken by children. In surgical cases, however, such as cellulitis of the hand it had failed entirely. It was certainly inferior to morphine and chloral, although in migraine it was much superior to them. It did not seem to have any bad effect on the heart, although it would be well to remember that it was poisonous in large doses, causing innervation of the heart.

Dr. Stewart, in reply, said that it had antipyretic effects, as had all the others of the aromatic group. He thought that exalgine had the effects common to this group markedly. He did not think it would have taken the place of opium, as it was of no use in traumatic pain. He believed it would be perfectly safe in ordinary pain-relieving doses. It differed from chloral in that it acted on other nerves besides peripheral ones.

Dr. Gardner had hoped that some information would be given on its effect upon cases of migraine which were ushered in by chills and nausea, and in which large doses of morphine were the only remedies that would give relief.

Dr. Stewart replied that he had no experience with exalgine in typical cases of migraine.

Dr. Armstrong had a case in which the patient had had migraine ever since twelve years, headache and vomiting being so severe as to keep her in bed for two days. Although morphine was the only thing that would relieve her completely, still exalgine would save her from being laid up more than one day. The other case was of 30 years standing, and was very much relieved by exalgine, which she preferred to morphine, because it did not leave any bad effects.

Dr. Alloway showed the following specimens: First, the uterus, from a lady apparently in perfect health, 46 years old, who had had one child 27 years ago. She had no hemorrhage, the only symptoms being a bearing-down feeling in the pelvis, and she had found a mass at the vulva which alarmed her. On examination a mass the size of an orange was found to be growing from the cervix. As she was desirous of having the whole organ removed this was done in January, per vaginam, using the combined ligature and clamp method, causing no hemorrhage and taking about an hour. He left the clamps on the broad ligaments for twenty hours, and a few small forceps. Creoline injections were used and a normal cicatrix was formed, and she made a good recovery. He wished to call attention to the fact that there was no hemorrhage as a symptom. 2nd. He exhibited a specimen he had removed from a case on whom he would shortly operate, which showed distinctly malignant disease. 3rd. A specimen of tubes and ovaries which he had removed from a young lady in whom the adhesions were very marked, and one of the ovaries contained a blood cyst. 4th. Appendages from a married woman, 29 years of age, who had a child ten years ago. There was a large laceration of the cervix, and he was in doubt which was the most important way, to repair the cervix or remove the tubes, which latter he decided upon and found double pyosalpinx. Of course it would have been useless to have repaired the cervix.