

exceptions to the rule of reaction in surgical cases, namely, that tuberculin did not react with tuberculous peritonitis, and that it did react in cases of gonorrhœal rheumatism.

DR. KINGHORN agreed with Dr. Nicholls that Gabbet's stain was very unreliable and insisted upon the necessity of great care in making microscopical examinations. He quoted cases to show the value of the X-Ray method, and others to show its uncertainty, but he concluded, that all methods were only accessory to a thorough physical examination.

April 17, 1903.

A Case of Aneurism.

DR. J. ALEX. HUTCHINSON and DR. W. E. DIXON.

J. P., aged 48, furrier, admitted to Montreal General Hospital, February 12th, 1903, with swelling and pain at bend of elbow.

Present Illness:—Began five weeks before entrance. When assisting in wringing out some clothes, he was suddenly seized with pain in the arm, and towards evening he noticed that it was swollen,—at times there is considerable pain felt about the tumor.

Present History:—Patient has not done any very heavy work,—he has used alcohol for a number of years,—he gives no history of syphilis.

Present Condition:—Patient has a pulsating and expansile tumor, just below the bend of his right elbow. It measures 2 x 3 inches. On auscultation, a distinct bruit is heard over the tumor. He is unable to grasp anything forcibly with the fingers of his right hand.

Circulatory System:—The heart is slightly enlarged to the left. He complains of præcordial pain at times,—when the arm is extended the pulse in the radial and ulnar arteries of the right wrist cannot be felt, but when the arm is flexed it can be felt, although much weaker than those of the left side.

Treatment:—Digital compression by relays of students was begun on February 21st, at 2.15 p.m., and kept up for thirty hours, each student holding the brachial artery for five minutes. At the end of thirty hours, a slight superficial pulsation was still felt, and a pad was placed over the brachial artery for another thirty hours. Morphine, hypodermically, was used to alleviate the pain.

The patient has reported from time to time. The tumor is smaller, quite solid, and firm,—no pulsation is felt, except just above the enlargement; this, probably, is due to one of the anastomosing arteries. There is still considerable numbness of the fingers, and the grasp of his right hand is weak.