

—Dr. F. W. CAMPBELL related the case of an old lady, his own patient, subject to attacks of pleurodynia, for which he was in the habit of prescribing minute doses of opium. In his absence she was seized with severe pain, and a neighboring practitioner who was called in gave her a hypodermic injection of morphia. She went to sleep so profoundly that her friends were alarmed. Next day she was found to be suffering from complete paralysis of the bronchial tubes, and the phlegm went on accumulating until she died shortly afterwards. The relief of pain was not the only object to be considered when suddenly called to see a case. A hypodermic needle may be a two-edged sword, especially when used on the aged.

Dr. W. F. HAMILTON asked whether the patient was suffering from the old attack of pleurodynia or from pneumonia? How much opium was used in the hypodermic injection? and what cause was assigned in the death certificate?

Dr. CAMPBELL did not remember what cause was stated in the death certificate, but thought it had been certified as grippe. She was not suffering from pneumonia the day previous. He did not know the quantity of opium. The patient largely regained consciousness before she died.

Stated Meeting, 12th January, 1894.

JAMES BELL, M.D., PRESIDENT, IN THE CHAIR.

Transient Swelling of the Right Arm.—Dr. JAMES BELL showed the patient, a woman 22 years old, who suffered constantly from a painless swelling of the right arm, extending from just above the elbow to the finger tips, accompanied by slight muscular stiffness of the forearm. There was nothing abnormal in the circulation or innervation of the part. The swelling was first noticed six months ago, and diminished when the arm was kept at rest for a few days, but came on again when she began to use it. An exploratory incision on middle third of radius outer border, made two months ago, revealed nothing unusual. He was unable to make a diagnosis.

Dr. ARMSTRONG had seen the case, and was unable to throw any light on its causation.

Dr. SHEPHERD thought the condition hysterical and due to mechanical obstruction, surreptitiously produced, to the venous circulation.

Dr. WESLEY MILLS thought Dr. Shepherd's explanation possible, and had noticed in talking with the patient that she was very ready to adopt and repeat symptoms suggested to her. Engorgement of the capillaries could, however, also be produced through nervous influence. In nervous persons, according to Dr. West, transient tumors sometimes suddenly appear in the region of the axillary ar-

tery. The present case might possibly be of nervous origin.

Dr. GURD had treated the patient for some time on iron without benefit.

Dr. JAMES BELL thought the obstruction must be mechanical, whether produced voluntarily or by something along the course of the veins.

Ruptured Tubal Pregnancy and Appendicitis.—Dr. ARMSTRONG exhibited a ruptured Fallopian tube with ovary attached. Lying at the bottom of a sort of sac, at the point of rupture, was a small object which appeared to be the fetus. The patient, a married woman aged 34, was the mother of seven children. In August, 1893, she had what appeared to be a mild attack of appendicitis. She made a good recovery after ten days in bed, and remained well till 28th Nov., 1893, when she was suddenly seized with severe abdominal pain and slight diarrhoea, and when seen one hour later was in an extreme condition of shock. On removal to hospital her condition was so much improved that the contemplated operation was not performed, and she was able to return home in ten days. On 5th Jan., 1894, she was suddenly seized with intense abdominal pain, vomiting and slight diarrhoea, followed by collapse, and was operated on to-day (Jan. 12th). Ruptured tubal pregnancy was suspected in spite of the history of appendicitis in August. The abdomen was found, on opening, to be full of blood. The right tube, which was surrounded by clots and debris, was at once ligated and removed. On Dr. Bell's suggestion, the appendix was removed and examined. It was enlarged, and, on opening, a blood clot was found in its centre. The diagnosis was made specially obscure by the fact that the menstruation had not been disturbed, except for a pause of a week after the commencement of the October period. The flow was then resumed, and went on to its normal term of 4 or 5 days. Although the pathology of ruptured tubal pregnancy has been known since 1814, it is only 11 years since Tait performed his first operation, since which time he has operated on 33, saving all but one, his first case. This fatal result Tait attributed to his neglecting to tie the bleeding tube before cleaning out the abdomen. Intra-peritoneal hæmatocele is specially dangerous, as the blood does not clot, but goes on escaping unless relieved by the surgeon. Extra-peritoneal cases were much less dangerous. Dr. Armstrong thought the abdomen should be opened in every case of collapse following severe abdominal pain.

Dr. GURD referred to a case of his, where Dr. Gardner had operated. The pain was intense. The clot resembled black currant jelly. The case recovered.

Dr. ENGLAND mentioned a case seen with Dr. Armstrong, when the presence of blood in