

and of fits. The attacks of vomiting consist in almost everything being ejected from the stomach within half an hour to an hour after the ingestion of food. The ejecta, upon examination, are found to amount to half a pint at any one time of clear, transparent mucus fluid, acid in reaction; the microscope reveals detritus of food; no blood corpuscles; no sarcinæ. Suffers no pain after the ingestion of food; no dysphagia. Complains of anorexia, constipation and insomnia. The pains in abdomen, legs and head are very indefinitely located in these regions, their site being very changeable, and their character altered from time to time—at one moment being dull aching, and the next minute sharp and shooting. Patient says she is kept awake by these pains, and they are much increased by movement and examination. The only relief to the vomiting and pains was the frequent use of morphia.

Examination.—Patient is of average height, anæmic-looking, not well nourished; muscles soft and wasted; skin warm and moist; assumes the dorsal decubitus; evidences of recent injury to left eye, no scar seen. Patient is very restless; keeps turning her head from side to side; rubs abdomen with the right hand; respirations all this time becoming quickened, shallower and sobbing in character. This having apparently reached a climax at the end of one minute, the patient begins to cry, stops rubbing the abdomen, and turns to the right side, all this time apparently suffering very severe pain. Shortly after this the patient sat up in bed, eructated a large quantity of gas, and vomited about half a pint of thin, clear, watery-looking fluid. She now lay down in bed apparently exhausted, the respirations being rapid and sobbing in character. Pulse 80, full and regular. Respirations 36. Temperature 97°. Tongue moist and covered with slight fur in centre. Abdomen full, not distended; tenderness, amounting to hyperæsthesia, generally distributed, but more marked in right and left iliac and epigastric regions. This hyperæsthesia disappears entirely when patient's attention is elsewhere directed. No tumor made out. Liver and spleen normal. Nothing unusual in the position of the extremities. Muscular power is good. Gait natural. Tactile sense everywhere present. Analgesia is limited to the left leg from the ankle to knee-joint. Reflexes slightly exaggerated. Heart and lungs normal. Urine 58 ozs., pale in color, acid; specific gravity 1012; no albumen, no sugar.

For the next forty-eight hours the attacks of vomiting were incessant during the day-time, but always ceased at night. Patient ejected all food taken during the day, but at night the food left at the bedside partially disappeared.

The evening after admission patient had one of her usual fits, and it is described as follows: Is quite conscious and answers all questions quite correctly. The respirations are rapid (38 per minute), shallow and sobbing. The arms are extended and the fingers firmly closed, both arms shaking as if patient had a chill. The lower extremities are natural in position. No disturbed sensibility. This condition lasted for about two minutes, and then patient assumed a quiet state. Pulse during fit was 72, full and regular. From this day until exit (6th December) patient had no return of the attacks of vomiting nor of the fits, and she improved very much, the appetite returning, sleeping well, and the bowels regular. The treatment consisted in giving her a placebo—viz., peppermint water.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, March 25th, 1887.

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

Culture of Tubercle Bacillus.—Dr. JOHNSTON called the attention of the Society to a new method of cultivating the bacillus of tubercle, and exhibited several cultures.

Extirpation of the Kidney.—Dr. WM. GARDNER exhibited a kidney removed by lumbar incision. The patient, aged 56, of intemperate habits, had been complaining since 4th Dec. last (three and a half months), when she took suddenly ill with rigors, fever and pain in right lumbar region. The symptoms were acute and severe—severe rigors, profuse sweating, severe pain, frequent vomiting, and continued so till the operation. The urine contained pus at intervals, and micturition was frequent and painful. The patient was very fat. On examination, a diffuse, very tender, ill-defined swelling in the right lumbar and hypochondriac region. No fluctuation. On percussion over the swelling, intestinal note. Exploratory abdominal incision over the swelling. Parietes enormously thick. Omentum extremely fat. By palpation the tumor was now ascertained with tolerable cer-