

Dr. ARMSTRONG asked if Dr. Campbell's first attack was more painful than subsequent ones.

Dr. CAMPBELL replied that such was not the case. He thought the pain, as a rule, was only produced when the stones entered the ducts.

Cases of Infection in Pneumonia.—Dr. GORDON CAMPBELL communicated three cases of infective pneumonia in a family as follows:—

My object in presenting this report to the Society is not because there is anything of special interest in the three cases of pneumonia in themselves, but from the apparent dependence of two upon the third for their origin.

Briefly, the history of the three is as follows:—

Case I.—On Sunday, 19th November, Mrs. D., aged 30, was seized with a severe rigor followed by high fever and sharp pains in the right side. I saw her on the 22nd, two days after the onset, and made out the usual signs of pneumonic consolidation of the base of the right lung, and over the dull area well marked pleuritic friction sounds. Temperature 104° , P. 130, R. 36, and a small amount of rusty expectoration. The pyrexia lasted ten days, falling to normal in the course of 48 hours, the termination being accompanied by a profuse diarrhoea. The whole lung ultimately became involved in the pneumonic process, and the resolution is not yet complete 4 weeks after the fall of the temperature.

Case II.—Solomon D., the six year old son of No. 1, was seized with a slight chill on the afternoon of 21st Nov. just 48 hours after his mother. I saw him the following day, and found the early physical signs of pneumonia in the left base. Temp 103.80° , P. 150, R. 40. Here also in two days the whole lung was involved, but the general condition remained good throughout, although the respirations for 24 hours were 64 per minute. The fever lasted 7 days, coming down to normal the morning of the 29th. Resolution was prompt and complete.

Case III.—Charley D., aged 4, a brother of the last, was seized with the early symptoms on the evening of the 24th, 5 days after his mother and 3 after his brother. This boy had been under my care with bronchitis from the 4th to the 9th of the same month (November). On making my first visit to the above two cases on the 22nd, he was crying with pain in the head and neck, and I examined his chest and found evidence of a general bronchitis, with a temp. of 100° , R. 28; the two following days he was improved, but, as before mentioned, on the evening of the 24th he became rapidly worse, and by the 26th I made out all the usual physical signs of lobar pneumonia, extending from the base of the right lung to an inch above the nipple in front. The

fever here was not so high as in the other two cases, and fell to normal on the fifth day, remaining down one week, then an evening rise was noticed, and he developed an empyæmia, which has been treated in the surgical wards of the General Hospital.

In the first case the cause was considered to be a very rapid fall in temperature, accompanied by a very high wind, to which the patient had been exposed while insufficiently clad. The second case occurred two days later, and he had been in good health up to the time of the onset, and consequently exposed to the same aërial conditions as his mother. It is to the third case, however, that the most interest attaches, for he had not been outside the house door for three weeks previously, and on my visit I had examined his lungs, and found nothing but a rekindling of the general bronchitis, for which I had already been treating him, and it was not until two days later that the pneumonia developed. The whole family sleep in one room, the youngest boy in the same bed with his mother, and consequently there was every facility for infection, provided such is possible, and I think in this particular instance we are forced to the conclusion that Case No. III was contracted from the other two, and in all probability No. II from No. I.

That pneumonia is due to a specific micro-organism is now generally admitted, but cases which can be definitely shown to depend directly upon others are not numerous enough to allow one to neglect putting them on record.

Dr. F. W. CAMPBELL stated that when the theory of the infective nature of pneumonia was first brought out 10 years ago, he found that he and the late Dr. Howard were treating between them seven cases where the disease appeared to have been transmitted by direct infection.

Dr. MORROW had recently had a fatal case of pneumonia in an old man, who was being nursed by his sister. At his second visit the sister was noticed to be breathing fast. She became very ill, and died suddenly a few hours later.

Dr. JAS. BELL had reported a case to this Society ten years ago. A hospital orderly lived in a small upper tenement on Mignonne street, with his wife and wife's brother. The latter came home one day with a very severe pneumonia. Two or three days later the orderly was stricken with pneumonia, and within a few days the wife also took sick with the same disease. The two men died and the woman recovered.

Dr. GORDON CAMPBELL said that what specially interested him was the fact that the youngest child was in the house all the time for three weeks before taken ill, and was, therefore, not exposed to the same condition as the mother.

Danger of Hypodermic Injection of Morphine.