

forceps. He believed in these latter days these were too often used. Another good example he set was in using chloroform so seldom.

Dr. MACHELL pointed out the excellent results as regards the mortality of mothers. That there were only 11 cases of eclampsia was also an astonishing part of the record.

Dr. Ross closed the discussion. He went carefully into his father's management of the cases in many points, showing how his good results had been attained.

It was moved that the Society petition the Provincial Legislature to reject Bill No. 96, the Patrons' Medical Bill, which was aimed at hurting the profession. Carried.

Toronto Clinical Society.

(MARCH 12TH, 1895.)

DR. MACFARLANE in the chair.

Case of Pericarditis.—Dr. N. A. POWELL gave the following history of a case: Woman, aged 50. Always healthy till a year ago, when she suffered from an attack of la grippe, from which he understood she had made but an imperfect recovery. She was sick about a week before he saw her with grippal symptoms, some of the features of which were headache, cough and general malaise. She recovered partly from this, went downstairs, sat in a draft, and returned to bed with increased bronchial symptoms and sub-sternal pain. This was her condition when first visit was made. Fearing the supervention of pneumonic or pleuritic trouble, he went over the chest pretty carefully. He did not think he would have missed a pericarditis if it had been present at that time. But it developed subsequently, while he was treating her. These cases were likely to be overlooked. It was related of a medical man who apologized to a celebrated consultant in London for having overlooked a case of pericarditis, that the reply was, "Don't let that trouble you; if you had discovered it you might have treated it." The speaker did not think the condition in the present case was due to the treatment. The patient had a normal temperature and pulse of eighty-five or ninety for two or three visits, and was doing apparently very well. Suddenly she was attacked with a pain in the left side. Going carefully over the side he heard a to-and-fro friction rub limited to the costal cartilage of the fourth rib on the left side of the sternum. This was heard close to the ear, and was heard when breathing was suspended. The pain was intense, and the action of the heart was tumultuous and rapid, reaching 120 or 125.