

pany and tenderness; the presence of nausea and vomiting; the rise of temperature and pulse, and the very great probability, as indicated by these signs, of hæmorrhage from some concealed point.

Dr. Atherton gave some notes of a case in his own practice where a man had fallen from a load of hay, alighting upon the prongs of his pitchfork, which pierced the body, entering the abdominal walls about the level of the umbilicus, and passing out about the left shoulder blade. There was evidence that the lung was pierced. Notwithstanding the severity of the injury recovery ensued.

*February 9th, 1888.*

Dr. McPhedran presented a man with a painful affection of the foot. The great, second and fourth toes, and the outside of the heel are the parts affected; the most painful region being the under surface of the great toe.

The history of the case is brief. It began about ten months ago, after a long walk, and for a time only troubled him after much walking. Now any walking at all causes pain. Nothing abnormal can be felt. The joints appear healthy. The tenderness is both superficial and deep. Sensation reflexes and muscular power are normal.

The condition is probably due to some neurotic affection, causing the vascular changes and swelling.

Dr. Reeve showed a small piece of steel he had removed from a patient's eye—the anterior part of the lens—by means of the electro-magnet. He also explained to the Society the *modus operandi*, and peculiar advantages of Maloney's Conversation Otophone. By the use of this instrument the very deaf can be made to hear low tones and even whispers.

Dr. Machell gave the following history of a somewhat peculiar case:

T. A., a teamster, while sitting upon his load, proceeding over smooth ground, was suddenly seized with an acute pain in the centre of the breast. He lost consciousness and fell from the wagon, the wheel passing over his left arm without breaking it. He soon rallied but found himself unable to use his hands properly, and the pain in the breast was still intense. He was taken home, and when seen two hours after the accident the pulse and respiration were normal, the face anxious, the movements natural and the pain still intense behind the

sternum, between the third and fourth ribs. He complained of a tingling sensation in the arms and hands, and exhibited great restlessness. There was some tenderness over the epigastrium, with occasional belching of wind. The heart and chest sounds were normal.

The previous history was excellent with the exception of an attack of acute rheumatism thirteen years ago. He had not been lifting any heavy weight or over-exerting himself in any way previous to the onset of the pain.

The diagnosis was obscure. Gastric disturbance and aneurism seemed to be excluded. Rupture of some vessel into the mediastinum was thought of. A sedative mixture was ordered. At midnight the pain was still intense causing great restlessness. Consulted with Dr. Spragge.

The next morning the pulse and respirations were slightly quickened and the pain not much lessened, although the patient was well under the influence of morphia; extremities cold and the face anxious. On the morning of the second day the pulse respirations and temperature were still greater than before, and auscultation revealed a systolic murmur heard over the sternum between the junctions of the third and fourth ribs, loudest on the right side.

A slight impulse could be seen and felt in the second and third interspaces to the right of the sternum, being further removed from the border of the sternum in the third than in the second interspace. Purgatives were given to evacuate the bowels.

The day following neither the murmur nor the impulse was so marked. The pulse ran from 106 to 112. The bowels moved very freely and with pain. The restlessness and frequency of evacuation increased steadily, till he died on the morning of the fifth day, two minutes after he had been out of bed and at stool.

Unfortunately no *post-mortem* could be obtained.

*February 16, 1888.*

Dr. Nevitt presented for examination a case of heart trouble, a peculiar murmur being present in the aortic region. The opinion was expressed that the murmur was aortic regurgitant and that there might be present a commencing aneurismal dilatation of part of the arch of the aorta.