

radiated to the precordial region. It was usually worse at night and after exertion. The precordial pain was always increased after taking food, and was associated with flatulence and constipation. In the examination of the chest there was nothing that attracted my attention to the actual conditions of affairs. A mixture of bicarbonate of soda and nux. vomica gave complete relief to all the symptoms.

In October, 1905, during a long and fatiguing journey, he suffered from severe diarrhoea, but there was no pain in the back.

In February last, the old pain had returned, and had been very bad for several days when I saw him. The point of maximum intensity seemed to be higher up than before, along the spine and upper border of the scapula. The pain would shoot down the arm and around to the precordial region. The same gastric symptoms were present, but were more severe. Examination again failed to draw my attention to his lesion, there was no dysphagia, and the pupils were equal. I gave him morphia and hyoscine, hypodermically, which afforded him a comfortable night's rest. I may say that before giving him the drug, I had felt the left pulse and found it almost imperceptible. After he had gone to sleep I felt the right radial pulse and found it of good volume, which I attributed to the rest and relief from pain. Next day he was fairly comfortable, and asked for the mixture that had helped him before. Unfortunately for him one of the members of his household had been completely relieved of symptoms referable to the stomach by gastric lavage, and both he and his relatives seemed to wish that that method of treatment should be tried. I inserted the tube nearly a foot without any difficulty, when it would go no further. I withdrew it and tried again, when a gush of blood of about eight or ten ounces, came from his mouth. The patient got up and walked across the room, crying out with intense pain in the left side, and then collapsed. There was complete stoppage of respiration, though the heart kept on beating for fully five minutes, during which time artificial respiration was performed.

OSTEOMYELITIS.

A. F. GARROW, M.D., read a paper on this subject having special reference to the treatment of the condition. This paper appears on p. 246 of this number. In connexion with the paper Dr. Garrow presented a living case of a boy who had suffered from acute infective osteomyelitis which was multiple, beginning as a case of mastoid disease and followed by the formation of an abscess in the tibia, as well as the formation of pus in the os calcis. The case was operated