

specimen, and found that it was the ovary and fallopian tube of a young child. Towards the pedicle there were found undoubted tubercles. Here was an ovary in a false position, and its weakened condition rendered it an easy prey, and Dr. Bell had done well to remove the tubercular focus.

DR. SMITH said that this was the second time he had seen this condition. Seventeen years ago he saw Mr. Golding Bird remove an ovary from the inguinal canal.

A Case of Poisoning by Chlorate of Potassium.—DR. WYATT JOHNSTON gave the following history:—

The patient, a boy aged 10, on December 14th on getting up in the morning had a sore throat and did not feel well. He went to work, but during the day he felt so ill he returned home, and his mother, thinking that he had quincy, gave him a solution of chlorate of potassium to drink. The amount taken during the day was nearly two tumblersful of a saturated solution, equal to about six drachms of the salt. In the evening Dr. J. A. Macdonald was called, and found the boy in a dying condition, with intense cyanosis of the face and extremities. The autopsy was performed at the order of the Coroner. All the conditions indicated that death had been caused by the potass. chlorat. This salt destroys life by decomposing hæmaglobin into met-hæmaglobin. There were two ecchymotic spots, one on the inner surface of the left fore-arm and the other on the anterior surface of the right leg. On incision they were found to be due to extravasated blood of a dark coffee-brown color and sticky consistency, and which did not change color on exposure to air. The blood removed from the heart showed the characteristic appearances of met-hæmaglobin; it was thicker than normal, of a peculiar chocolate-brown color. The kidneys, spleen, lungs, bone marrow, and brain showed the characteristic brown coloration; urine contained a large amount of albumen but no blood or met-hæmaglobin. Spectroscopic examination of diluted blood gave deep absorption bands at C and F, in addition to two paler bands at D and E, which is characteristic of met-hæmaglobin.

The appearances might be mistaken for those found in acute infectious fevers, or poisoning by other substances which produce met-hæmaglobin, but here chemical analysis showed a large quantity of potass. chlorat.

DISCUSSION.

DR. BULLER thought that the susceptibility to the action of this drug was very great in some individuals. He had met with two persons, mother and son, who could not take it at all, five grains three times a day would make them quite ill.

DR. BELL asked if there is any hope of prolonging life when met-hæmaglobin has been formed—if there is any chance of it being eliminated?

DR. LAFLEUR wanted to know whether the salt was changed in the stomach, or whether it was absorbed unchanged, and circulated as such in the blood? He referred to a case he had reported—a case of poisoning by potass. bichromat.—where the symptoms and conditions found were the same as in this case. One marked feature was the intensity of the rigor mortis and the length of time it lasted, for in seventy-two hours it had not disappeared. The blood was in the same condition and the lungs contained an abnormal form of gas of some kind.

DR. FOLEY said that a dermatitis associated with this condition is very rare; only one case is recorded. Two cases of an erythematous rash have been reported.

DR. STEWART said that potass. chlorat. may cause death by rapidly inhibiting the action of the heart or by the rapid degeneration of the heart muscle, without affecting the blood in any way. DR. JOHNSTON, in reply, said that very little is definitely known of the changes in the blood. The production of met-hæmaglobin is involved in obscurity, and it is now considered to be a mixture of several compounds. He could not say what changes the salt undergoes in the stomach, but it appeared as such in the urine. As to treatment, bleeding and transfusion seem to be indicated, but he cannot find if this has been practised. It has been stated that if the blood is strongly alkaline the change takes two or three times as long to be accomplished, so he suggested making blood alkaline, but such treatment is not supported by any clinical evidence. Intense engorgement of the brain with the altered blood seems to be the most likely cause of the rapid death.

Stated Meeting, January 6th, 1893.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

Simple Chronic Salpingitis.—DR. ADAMI exhibited two very typical specimens of this condition, which he owed to Dr. Alloway. There was no evidence of tuberculosis. Both showed marked atresia towards the uterine end of the tubes, with considerable dilatation above this, and fibroid thickening of the walls. The tubes contained sanious pus.

Papillary Cysts, Adenoma of the Ovary.—DR. ADAMI also exhibited a specimen of this condition sent to him by Dr. Alloway. There were extensive papillary growths into the cysts, which contained thin mucinous fluid.

Papillary Growths in the Lower Bowel.—DR. SMITH gave the following history: The patient, a tailor by occupation, under my care