

gradually fell to 102° F. Delirium at first was marked, but passed off with the fall in temperature. The patient progressed very favorably for ten days, the temperature having fallen to about 100° F., the pulse being strong and incompressible. At midnight on the eleventh day, when seen by house physician, was as usual; no complaints, and doing as well as could be desired. About an hour after this the patient asked the nurse for a drink, which she gave him, at the same time guarding against his making any effort, such as sitting up. The nurse now noticed that there was something wrong, some difficulty in breathing, and the patient died a few minutes later.

Post mortem.—No cause for death found. Right heart was distended with post mortem clot, left empty. Anterior and upper part of right lung slightly oedematous: hypostatic congestion of lungs slight. Bowels: Ulcers in various stages; healing going on in some; no evidence of hemorrhage or perforation.

Dr. McPhedran considered that death was due to syncope, and that the cause of syncope was evidently cardio-respiratory.

A certain French authority gives as the causes of sudden death in typhoid: Hemorrhage, embolism; uræmic poisoning and concentration and localization of poison on the pneumogastric centre. None of the former conditions were present, and Dr. McPhedran does not consider the latter rational; but thought that death in these cases was due to the condition termed delirium cordis. W. P. C.

RIDEAU AND BATHURST MEDICAL ASSOCIATION.

Feb. 20, 1889.

Present: Dr. J. G. Cranston, of Arnprior, President; Dr. R. W. Powell, 1st Vice-President; Dr. Small, Secretary; Dr. Allan, Almonte; Dr. Baird, Pakenham. From Ottawa: Sir James Grant, Dr. Robillard, Dr. Prevost, Dr. H. P. Wright, Dr. Honey, Dr. Chipman, Dr. Playter, Dr. Dewar, Dr. Baptie, Dr. Klock, Dr. Hardman, Dr. Rogers, Dr. Hill (Treasurer), Dr. F. A. Graham, Dr. Shillington.

After minutes, Dr. Powell read a short paper on Phantom Tumor, which was well received and discussed.

The Treasurer's report was read, showing a balance of between \$11 and \$12.

Dr. Prevost then read a paper on Bacelli's sign of *Pectoriloque aphone* as a diagnostic sign in pleural effusions.

Dr. Powell moved a vote of thanks to Dr. Prevost for his very able paper, which was carried. Dr. Powell also moved that Dr. Prevost be requested to publish his paper in one of our Canadian medical journals.

Dr. H. P. Wright then related a case of pleural effusion, and remarked that in diseases of the chest in children a good point to assist in diagnosis was to press on the epigastrium, and thereby prohibit the abdominal breathing so marked in children, and throw the breathing on to the lungs, which would increase the respiratory sounds and make them audible, which before could not be heard.

Dr. Horsey then read notes of a case of scrotal tumor which proved to be an acute double hydrocele, brought on by a severe strain and accompanied by severe hemorrhage from the bowel.

An interesting discussion arose on the surgical treatment of hematocele, Dr. Rogers advocating the immediate surgical removal of the extravasated blood, and Dr. Powell arguing that the hematocele ought to be left for absorption by nature.

Dr. H. P. Wright read notes of a case of imperforate anus. A case of the same was also recited by Dr. Powell.

It was decided that the annual meeting taking place in June should be held in Arnprior, the President, Dr. Cranston, promising the members a cordial welcome. COM.

Correspondence.

A VISIT TO EDINBURGH.

To the Editors of THE CANADIAN PRACTITIONER,

DEAR SIRS,

HAVING received an invitation to the meeting of the Edinburgh Obstetrical Society to commemorate the 50th anniversary of its foundation, I started away from home. The dinner took place in the Waterloo Rooms, on Friday evening, February 1st, 1889. The T-shaped table was filled. The men who had risen to fame