

closely allied to pronounced neurasthenia, from which it was merely a difference in degree.

The Use of Hyoscine before the Administration of Ether.

DR. E. A. ROBERTSON contributed this paper, published in the June number.

DR. G. G. CAMPBELL referred to a number of drugs which had been tried with the hope of eliminating some of the unpleasant effects of ether administration, but without any success. The wonderful results obtained with hyoscine warranted a prolonged trial.

Pulmonary Œdema.

DR. H. B. CUSHING read a paper on this subject, which was discussed by Drs. Morrow, Lafleur, Hamilton, Adami and Mills.

Stated Meeting, June 6, 1902.

G. E. ARMSTRONG, M.D., PRESIDENT, IN THE CHAIR.

Enterolith.

DR. J. ALEX. HUTCHISON showed an enterolith having a biliary calculus as a nucleus, and read a report of the case which will be published next month.

DR. FINLEY remarked on the long period of eight years which had elapsed between the biliary colic and the symptoms of intestinal obstruction, and made the suggestion that it had lain in the colon; it was difficult to see how a large stone could have passed down the small intestine without causing pain.

DR. ARMSTRONG looked on the suggestion that the stone had got into the colon as a very practical one. He referred to cases which he had seen, in which the gall-bladder had perforated into the colon.

Angioneurotic Œdema.

DR. W. E. DEEKS reported this case. (See July, pp. 507.)

DR. W. F. HAMILTON referred to a case of recurrent localized œdema without any apparent cause. The attacks were diminishing in frequency and severity. The relationship supposed by some to exist between asthma and angioneurotic œdema was alluded to.

DR. BIRKETT related a somewhat similar case in which after severe exertion a patient, the subject of cardiac disease, had developed severe œdema of the nasal passages and trachea, the larynx escaping involvement. There was dyspnoea and cyanosis, but a hypodermic of morphine quickly relieved the condition.