

PERICARDITIS, WITH AN ANALYSIS OF 30 CASES.

W. F. HAMILTON, M.D., read a paper upon Pericarditis, with an analysis of 30 cases.

F. G. FINLEY, M.D. I have been very much interested in Dr. Hamilton's results, and his experience is to some extent similar to my own. First of all, with regard to Ewart's dulness at the base of the left lung, I have failed to find it to any extent, without, as a general rule, something to account for it. A small quantity of fluid is very common indeed. I have at present a patient who has fluid on both sides, and considerable dulness, and on several occasions I have found the dulness due to fluid and not due to the explanation Dr. Ewart gives for it. I have also occasionally found much difficulty in distinguishing between pericardial effusion and cardiac dilatation. In a case I saw with Dr. MacKenzie of this nature we were both undecided as to whether we were dealing with a dilated heart or pericardial effusion. Under these circumstances it is safer to have a surgeon make an incision rather than run the risk of inserting the needle blindly into the heart. In the case I referred to Dr. Armstrong made an incision and found plastic pericarditis but absolutely no fluid, and in future cases I think I should be inclined to follow the same practice, when there is any reasonable doubt.

RIDLEY MACKENZIE, M.D. I can only speak of the treatment, and would say that I would never suggest, or even coincide, with aspirating the pericardium in such cases. I have listened to descriptions of the case with which it can be done, but I have doubted it very much. A much safer way is resection of the rib, which acts as well, and with very much less danger.

HAMILTON MEDICAL SOCIETY.

The regular monthly meeting of this Society was held January 3rd, 1906, in the Hotel Royal, the President, Dr. Ingersoll Olmsted, occupying the chair:

The programme was as follows:—

I. Round Ulcer of Duodenum, by Dr. J. Albert Dickson. Notes of three cases were read. In the discussion which followed, attention was called to these points:—That of the three cases cited, one was syphilitic, one tubercular, and the third alcoholic, with cirrhotic liver and kidneys, and that accurate diagnosis of the condition is difficult or impossible before the occurrence of perforation or hæmorrhage.