

paper, which was adjourned from the last meeting was now proceeded with.

Under the head of "Cases in Practice" Dr. Oldright related two cases of opium poisoning,—one of an adult in which 6 grs. of morphine had been taken—the other of an infant to whom 15 drops of tinct. opii had been administered. Both recovered.

Dr. Oldright also mentioned a case of amputation where six weeks after the operation two of the ligatures had just come away and two others still remained attached.

Dr. Workman in behalf of Dr. Burns, presented some fresh specimens of *Rhus Toxicodendron* gathered in the vicinity of Toronto, with some remarks in which the treatment recommended for poisoning by it, was the local application of strong brine.

Dr. Graham reported a case of a man 30 years of age, previously healthy, after an injury, contracted Potts' disease of the spine. A Sayre's Jacket was applied but had to be removed on account of dyspnoea supervening. An abscess formed in the dorsal region of the spine which was opened and some pus escaped. There had been some hæmoptysis, and some pieces of bone had been at different times coughed up. The expectoration was at times very offensive; the abscess was injected with carbolic acid and water, and the patient said he could on these occasions and for some time after, upon coughing, taste the carbolic acid; when he laughs or coughs he experiences a grating feeling, which he refers to the diseased portion of the spine. The passage of gas or air through the abscess wound had never been noted.

In regard to the bony particles expectorated by the patient, Dr. Cameron thought the evidence of their being bone was insufficient.

Dr. McFarlane then read a paper upon "Gonorrhœal Rheumatism." After briefly relating four cases two of which were males, and in three of which there was subsequent ankylosis he stated it as his opinion that the disease was a pyarthrosis, due to absorption of pus from the urethra, neck of the bladder, or prostatic veins. He did not think that the disease bore any analogy to true rheumatism, nor that it was a mere coincidence of rheumatism with urethritis. This he thought was shown by its persistence in one joint and by the failure of the usual remedies to act beneficially.

Dr. Graham said that he had had 6 or 7 cases,

in four of which the disease was monarthritic, of these all had syphilis. When a syphilitic taint could be made out he gave mercury and the iodide of potassium.

Dr. Cameron wished to know the effect of salicylate of soda in Dr. McFarlane's cases. He also mentioned the reflex theory of rheumatism, and said that as rheumatism had been known to follow the passing of a catheter, so gonorrhœal rheumatism might be caused by the reflex irritation from the urethra.

Dr. Teskey mentioned a case which he had seen where three days after the forcible dilatation of a strictured urethra, gonorrhœal rheumatism set in in the left knee.

Sept. 9th.—The Society met at 8.15, the President, Dr. Covernton in the chair. The minutes of the last meeting were then read and adopted.

Dr. Cameron reported a case of opium poisoning. An aged woman had taken six drachms of laudanum. The ordinary remedies were used to produce emesis but failed. Two injections of atropine  $\frac{1}{30}$  gr. each were then made and the patient was quickly walked off to the hospital, when after a good deal of trouble vomiting was induced and the woman finally recovered.

Dr. Workman related a personal experience of opium poisoning, in which vomiting occurred only some hours after the ingestion of emetics and subsequent to a long walk and the insertion of the tube of a stomach pump.

Dr. Canniff reported a case of apparent chloroform narcosis. A woman was found lying in bed, insensible, pupils widely dilated, pulse 80, respirations 24, and smelling strongly of chloroform. She could not be aroused by the application to her nostrils of strong ammonia. An hour after the chloroform had been entirely withdrawn from her, the ammonia on being applied aroused her and she recovered.

Dr. Nevitt related a case of turpentine poisoning in a child two years of age. The patient seen 1  $\frac{1}{2}$  hours after the inception of the poison, was in a state of stupor, pupils dilated, pulse quick, full and soft, respirations stridulous, breath smelling strongly of turpentine. She could be roused from her stupor, but immediately the stimulus was removed she relapsed. She failed to respond to brisk and powerful emetics, but drank water eagerly. During the night and in the morning