little finger into the bladder in a patient in his consulting-room, without bringing her under the influence of an anæsthetic.

Dr Bruce thought there must be some imperfection in the nature of the sound if it so readily passed through the uterine fundus.

Dr James Carmichael alluded to a case many years ago, under *Dr Duncan's* care, in the Royal Infirmary, where the sound passed into the abdominal cavity, apparently through the Fallopian tube.

Dr Macdonald could not agree with *Dr Bruce* in his view, that if such cases occurred it rendered the uterine sound specially dangerous or its results untrustworthy. There was no doubt this occurrence was the very rare exception. He had passed the sound into a great many uteri. But the accident had never fallen under his own observations. Still he supposed we must accept the evidence of trustworthy observers who had met with it. He had seen *Dr Duncan's* case, and believed it was a case of dilated Fallopian tube. He admitted that the anatomical presumption in these cases was in favour of our being more likely to perforate the uterus with the sound than to pass it into the extremely small internal os of the Fallopian tube. The curious feature in cases of this accident hitherto recorded, was, that little or no evil seemed to result from the accident.

Dr Macrae regretted there was no record of any post-mortem examination to throw light on these cases.

Dr Bell was at a loss to know how the sound could pass through the fundus, unless the uterine tissues were diseased. As to dilating the urethra for diagnostic purposes, he was not sure of the propriety of it. Troublesome incontinence was sure to result.

Dr Croom thanked the Society for the reception of his paper. He admitted the great difficulty of diagnosis of these cases.

Part Fourth.

PERISCOPE.

EXTRAORDINARY TOLERANCE OF A POISONOUS DOSE OF CHLORAL HYDRATE.—On the evening of the 12th of July *Mr P. R.*, of Irish parentage, aged thirty-two, a glazier by trade, came into my office suffering from nervous prostration and loss of sleep, consequent upon the free use of alcoholic liquors. He had been drinking more or less every day since the 4th. He did not present any marked symptoms of delirium tremens. I prescribed strong coffee, beef-tea, aromatic spirits of ammonia, and gave him twenty grains of Dovers' powder to take at bed-time.

I saw no more of him until the next evening, when I was called to his home. I learned from his wife and others that he had not slept for sixty hours. He presented a typical case of delirium tremens, with all the mental aberrations, illusions, hallucinations,

etc., which usually accompany the disease. I wrote the following prescription, which is the one I usually give in like cases:—

R	Chloral hydrate	.	.	.	.	.	.	.	℥ss.
	Ext. scutillariæ fld.	.	.	.	.	.	.	.	℥i.
	Syr. zingiberis, adde q. s. ut ft. mist.	.	.	.	.	.	.	.	℥ii. M.

S. A teaspoonful in an ounce of brandy every half-hour until the patient sleeps.

I was hastily summoned again shortly afterwards, and upon arriving found that in a few minutes after receiving the first dose he had seized the bottle from his wife's hand, and before he could be prevented had swallowed ten drachms of the mixture, making a trifle over eleven drachms in all. I immediately stirred three tablespoonfuls of ipecac. root (about half an ounce) and one teaspoonful of the sulphate of zinc (fully one drachm) into about a pint of warm water, and with great difficulty compelled him to swallow it. It produced no effect whatever, as far as emesis is concerned. I was unable to procure a stomach-pump.

A Catholic clergyman had been summoned, and, as I had unhesitatingly given my opinion that he could not survive, the last rites of his church were administered. Shortly afterwards he sank into a profound sleep, to arouse him from which many things were tried in vain.

During the first hour his pulse rose to the highest point, namely, 132. In the third hour it had come down to 88, and there remained unchanged, full and soft. The temperature was often taken, and never varied from 99° Fahrenheit. This is perhaps the most remarkable feature in the whole case, as I have always noticed a diminished temperature following even a dose of ten grains. He slept thirty-six hours. At the end of eighteen hours we were enabled to arouse him, so that he could take liquid nourishment in abundance, but to keep him awake for a few minutes was simply impossible. I never before have witnessed such profuse diaphoresis as was presented in this case. During sleep the whole body was constantly bathed in a warm perspiration. I attributed this to the enormous doses of ipecac. and zinc, and queried in my mind whether or not they exercised any influence in saving his life. When I had carefully ascertained how large a dose had been taken, I naturally supposed the mixture to be deficient in strength. I put one drachm into a draught for a lady, and she slept soundly for ten hours. Two days afterwards I was called to another man suffering like Mr. R. This man had not slept for thirty-six hours. Four doses given at intervals of fifteen minutes caused a natural profound sleep of eighteen hours' duration, followed by complete recovery. The amount taken by Mr. R., a trifle over *one hundred and sixty-five grains*, is the largest dose which was not fatal that I have ever heard mentioned or read of in any medical work in my library; and that there should not arise one single alarming symptom, such as diminished temperature, sighing respiration, a slow, feeble pulse, or pallor of the features, renders the case remarkable. It is needless to add that Mr. R. awoke entirely relieved from his trouble.—P. E. Bishop, M.D., in the *Boston Med. and Surg. Jour.*, Sept. 1877.