

which he had prepared to illustrate questions of age and height were especially of comparative and local value. The former indicated that the age of greatest frequency in the Edinburgh district, so far as could be gathered from the statistics of patients still in life, with pronounced tubercular lesions, corresponded largely with the results of the observations made in the United Kingdom generally on the basis of mortality per so many persons living. The curve of height had been prepared, as indicated in the paper, for purposes of comparison with a table communicated by Dr James to the Society some years ago. As to pleurisy, he had endeavoured to emphasize the suspicious character of a large proportion of pleurisies, not as leading to tubercular affection of the chest, but as being the first definite indication of the tubercular condition. Similarly, while bronchitis might lead in the way he had indicated to the establishment of tuberculosis, he wished to accentuate the fact that frequently cases were diagnosed as being simple bronchitis, while the localisation of the rhonchi and the alteration of the breathing in a limited area gave sufficient proof that the process was a more serious one. He had not unfrequently seen such cases where a diagnosis of bronchitis alone had been given, and examination showed that the sputum contained the tubercle bacillus in abundance. He did not think that a hæmoptysis, pure and simple, was probably ever the *cause* of the establishment of the tubercular condition. There occurred occasionally an antagonism between rheumatism and phthisis. Such cases had been recorded. He had been trying for long to get hold of good illustrations of the co-existence of the conditions. Apart from cases of chronic rheumatism, or patients with a rheumatic history, he had not been able to make observations. In these cases there had been no appreciable alteration from the usual course or type of phthisis.

2. *Dr A. Lockhart Gillespie* read his paper on NOTES ON TOXIC EFFECTS OF EXALGIN, of which the following is an abstract:— A young man of 23, suffering from severe toothache, had taken 36 grains of exalgin between 2 and 11 P.M. Shortly after 11 he relapsed into unconsciousness. When seen, his temperature was found to be normal, his pulse 79, regular, of fair tension, but all his muscles paretic. With severe pain in his head, convulsions occurred every few minutes, and on tapping the scalp or pricking the arm or leg with a pin, fresh spasms were initiated. All his reflexes were abolished, and his pupils, widely dilated, reacted sluggishly. As time went on the breathing became of a distinctly cerebral type, the pulse now and then intermitting during a paroxysm. About half an hour after he was first seen $\frac{1}{4}$ grain of morphia was injected, and he swallowed, though with difficulty, two pills, the only purgative handy. Cloths, soaked in cold water, were applied to his head. As the pupils con-

tracted under the influence of the morphia the fits became less severe, but the effect of the drug did not commence until ninety minutes after injection. All the following day the patient, who remembered nothing of the previous night, was unable to use his muscles, while his arms and legs were absolutely anæsthetic. His bowels had moved freely. He had a slight return of the symptoms next night, but 15 minims of laudanum, repeated every four hours, soothed his irritated medulla, and in the course of the following day he became considerably better. Dr Gillespie was inclined to believe at first that the symptoms might be due to a cerebro-spinal meningitis of influenzal origin, as several cases of this disease had lately been seen in Edinburgh. The absence of high temperature and the quiet pulse negatived this supposition. It was then first found out that he had taken so much methyl-acetanilide, a drug the maximum dose of which Bartholow gives as 12 grains *per diem*. The usual treatment recommended for such cases is free stimulation. In this instance it appeared to Dr Gillespie throughout that the reverse was required; and although it might be heroic to inject morphia into an already unconscious man, the end justified the means. Administration of chloroform or ether was out of the question, when the state of the breathing was considered. Other cases have been recorded in the course of the last two years, the symptoms usually comprising delirium, unconsciousness, and convulsions. In conclusion, exalgin was not a safe drug for patients to take without medical advice. It should never be given as an antipyretic, and as an analgesic only in doses of 1 to 3 grains once or twice in the twenty-four hours.

The President thanked Dr Gillespie for his careful description of an interesting and instructive case.

Meeting VII.—March 22, 1892.

MR JOSEPH BELL, *President, in the Chair.*

I. EXHIBITION OF PATIENTS.

1. *Dr Michael Dewar* showed a patient with UNUSUAL DENTITION. J. S., aged 35, who, though not altogether an edentate, yet was almost one. In his own words, "he has all the teeth ever he had." He had no temporary teeth whatever. When four years old, he was taken by his mother to the doctor, who lanced his gums, probably as a "placebo." The permanent teeth which had developed were ten in number, viz., two bicuspid and first molar on each side in the upper jaw, and second bicuspid and first molar on each side in the lower jaw. The question naturally arose how in the absence of the milk teeth there could be development of the bicuspid, seeing that the sacs and follicles of the