having secured for its next President so distinguished a representative of obstetric medicine as Dr. West. Dr. West's name is as familiar with us as a household word, and it is respected throughout the world where gynaecology is cultivated. To our new President I am personally indebted for the most unselfish services, during a period of severe illness and anxiety, which any one brother physician can render to another, and its recollections of these is always vividly before me. I can only say that, had I known Dr. West could have been persuaded to accept the Presidency of the Obstetrical Society at any earlier period, I would gladly have postponed my term of office until I could have had the advantage of his example and precept as my predecessor.

CASE OF ACUTE ARSENICAL POISONING FROM THE USE OF GREEN PAINT.

By JOSEPH FARRAR, L.R.C.P.Ed., Bradford.

A YOUNG man, aged 22, was taken very ill on the night of December 13th, 1876, with vomiting and purging, accompanied with pain in the abdomen of a colicky character, and so severe as to be best expressed by the word excruciating. Along with these conditions were great weakness and quickness of pulse (120), faintness, paleness of the face, pinched features, but with the eyelids somewhat red and puffy, and cold clammy perspirations of an intermittent nature. The tongue was raw-looking, with portions of its upper surface denuded of epithelium, sore to the touch, and somewhat enlarged in size. There was no lead-line along the gums.

For a few weeks previously, he had been ailing from an attack of enteric fever, attended towards its termination with congestion of the lungs, and he was now, during convalescence, amusing himself by making large Christmas cards, etc., which he painted with colours chiefly of a bright green; and not being aware of the subtle nature of the paints, and not being much accustomed to their use, he exercised none of the usual precautions adopted by the artisans of the trade to prevent the entrance of the materials into the system. On the contrary, his habits were such as to present the most favourable conditions for these poisonous substances to find their way into the economy; he neglected to wash his hands before meals. Beneath his finger-nails had accumulated large quantities of material, and he was in the habit of holding the brushes between his teeth; besides which, he worked long and energetically, without much intermission, in a room small and heated, which would be greatly improved if it could be ventilated. The green paint shown me was marked "*Poison, Scheele's Green*".

By way of treatment, the patient had a sinapism applied to the seat of pain, followed by linseed poultices as hot as could be borne. Internally, an astringent, containing tincture of opium, was given every hour so long as the diarrhoea and pain lasted, with half an ounce of brandy; the latter to be given more frequently if the faintness continued. His food was now to be chiefly milk, ground-rice, beef-tea with bread-crumbs, etc., administered in small quantities, frequently repeated.

The patient's condition at once improved. The vomiting and purging ceased, and, by next day, the astringent was stopped. Pain in the abdomen was still, however, complained of for six or seven days, its presence being intermittent, and the paroxysm often very severe, to allay which it was necessary to administer anodynes. After the second day, a mixture of iodide of potassium was given, with the view of eliminating any portions of lead which might also have been present in the system, from the handling of the other paints, etc. The patient is now recovered from the more immediate effects of the poison; his bowels, tongue, appetite, etc., normal, though weakness is still complained of, and slight feelings of uneasiness in the abdomen.

REMARKS.—The above is another in the long list of cases arising out of the use of arsenical colouring matters, and it suggests the question whether the manufacturers, or the vendors of such dangerous substances, should not issue with each portion sold, printed instructions regarding the subtle character of the poisonous material, and the great care necessary to be exercised during its manipulation. It is not sufficient to print the word "*poison*" on the containing vessel, as is evidenced by this case. As a rule, the green colours most pleasing to the eye, whether in paints, wall-papers, or other articles, are those containing arsenic as their colouring ingredient; a body which, though the very best as regards effectiveness, etc., is yet the very worst as regards its danger to those who happen to be within its influence.

CASE OF INTRATHORACIC TUMOUR (LYMPHO-SARCOMA) WITH SECONDARY DEPOSIT IN THE SUPRARENAL CAPSULE.

By BYROM BRAMWELL, M.B.,

Physician and Pathologist to the Newcastle-upon-Tyne Infirmary; Joint-Lecturer on Pathology in the University of Durham College of Medicine.

WILLIAM JONES, aged 30, labourer, was admitted into the Tynemouth Union Workhouse on October 28th, 1872, complaining of shortness of breath on exertion, cough, great emaciation, and debility.

Previous History.—Seven years ago, he had three or four small chancres, which were not followed by secondary symptoms. With this exception, he did not know what a day's illness was until January of the year in which he was admitted. He at that time caught cold while blasting rock in a cold damp tunnel, which was often full of gunpowder-smoke. He began to cough and spit; the expectoration at times was streaked with blood; he rapidly lost flesh, and, in the middle of April, was obliged to give up this work. He thought his cough was brought on by the inhalation of the gunpowder-smoke. He had been working off and on as a labourer until five weeks before admission. For the last five weeks, he had been confined to bed.

Condition on Admission.—His general appearance at first sight would lead one to suppose that he was suffering from renal dropsy. The face was puffed and swollen, especially about the eyelids. On more careful examination, it was seen that, instead of the characteristic pallor of Bright's disease, the face had somewhat of a dusky hue; the neck, too, was swollen, chiefly on the right side, above the clavicle. The slightest exertion made him, he said, "*wonderful short of breath*". He had a frequent short hard cough; the expectoration was scanty, consisting chiefly of saliva; his voice was husky; he spoke in a whisper. He complained of a dull boring sort of pain, much worse when he lay on his right side, between the superior internal angle of the right scapula and the spine. He was extremely emaciated; he said he used to be very stout and muscular. The right pupil was considerably larger than the left.

Respiratory System.—On inspection, the upper part of the thorax, anteriorly, was seen to be swollen; the clavicles did not stand out; there was pitting on pressure over the swollen part. Several large veins were seen coursing over this part of the chest; the right brachiocephalic vein was distended and stood prominently out. The left side of the chest did not expand even on full inspiration; the movement of the right side was normal. The left side, at the level of the nipple, measured during expiration an inch more than the right. Vocal fremitus was absent over the lower half of the left chest. On percussion, there was dullness anteriorly over the whole of the left chest; the dullness was absolute from an inch below the left clavicle. Transversely, the absolute dullness extended on the one side as far as the right border of the sternum; on the other, over the lateral region of the chest. Posteriorly, there was absolute dullness over the lower two-thirds of the left lung; over the upper third, the percussion-note was much impaired, the resonance being greatest in the suprascapular region and close to the spine. Together with the dullness, there was a feeling of great resistance. On the right side, anteriorly, there was absolute dullness over an area of the size of a hen's egg, about the second right costal cartilage. There was impaired percussion from the right border of the sternum to within two inches of the right nipple. Over the rest of the right chest, the percussion-note was, if anything, hyper-resonant. On auscultation, there were tubular breathing and increased vocal resonance over the upper third of the left lung, back and front. Over the lower two-thirds, the respiratory murmur and vocal resonance were absent. In the right infraclavicular region, the breathing was tubular; over the rest of the right lung, puerile respiration was heard. The respirations, when at rest, numbered eighteen per minute. The slightest movement made the patient feel very short of breath and brought on the cough.

Circulatory System.—There was marked pulsation both to sight and touch in the pit of the epigastrium. Dull heaving pulsation could be felt over the middle and lower sternal and left mammary regions. At the second right costal cartilage, there was well marked pulsation; it was more distinct and apparently not so deep-seated as the pulsation over the sternal region. On auscultation, the heart-sounds were loudly heard all over the front of the chest, most distinctly at the second right costal cartilage and over the lower half of the sternum. The sounds were normal in character. Posteriorly, over the whole of the left side and over the upper third of the right side, the heart-sounds were distinctly heard. Radial pulse 108, soft and weak; the right being very much weaker than the left.