

connection with it. He referred to most of the common operations, commencing with those at the head and ending with those at the feet. He spoke first of the treatment of abscess and tumors of the brain, referring next to cases of depressed fracture. He said it was wise, where a depressed fracture was suspected, to make a crucial incision and examine the bone. The doctor then discussed his method of treatment of polypi with broad bases. His early practice was to lift the nose and turn it over as you would lift a hive of honey, putting this back again to its position. After seeing Hamilton operate, he adopted another method of working one index finger through the nostril and another through the mouth until the fingers met. In one case of this sort there had been an immense amount of hæmorrhage. The doctor then gave his experience in the treatment of tuberculous cavities, referring more particularly to empyæma. He then discussed the question of stone in the bladder and stricture following this. He outlined his method of treating cancer of the breast. The subject of appendicitis then came under his notice. He leaned to the conservative side of the treatment of this disease. He presented a patient with club-foot, and gave an account of his method of treating it. He discussed the question of ingrowing toe-nail, recommending that the patient should be put to bed and applications of sulphate of zinc with granulations. He did not advise removal of the nail. He next discussed the treatment of ulcers and the question of how best to stop hæmorrhage. In closing he discussed the question whether it was right to open the abdomen to establish a diagnosis. His answer to this was emphatically, no. From his own experience, he stated that on only one or two occasions had he ever failed to make a diagnosis.

Dr. D. Campbell Meyers presented a patient with hereditary cerebellar ataxia. The patient was a boy whose family history was neurotic (a grandfather dying of ataxia) and diabetic. The patient himself suffers from diabetes insipidus. The present illness began three years ago with a peculiar affection of the speech; suffers from obstinate constipation. Patient is a well-developed boy and has no noticeable deformity of head or body, except that the arch of the palate is high. The knee-jerks are decidedly increased, and there is a moderate ankle clonus on both sides. If either foot is forcibly flexed and the tender achilles tapped with a percussion hammer, trepidation in the foot is set up, which continues as long as the upward pressure is maintained. The reflexes of the wrist and elbow are very active, and the same may be said of the superficial reflexes. Jaw jerk is absent. There is no disturbance of sensibility or any portion of the body. The gait is uncertain and staggering, the feet being placed widely apart. He is unable to start to do anything quickly. On attempting to walk he hesitates for a moment, then starts and walks with uncertainty, and turns around with difficulty. On being asked a question he hesitates an instant, and then replies in a slow and scanning manner, the separate syllables all being pronounced. Movements of the muscles of the face are slow, which gives him an unusual expression. The innervation, however, seems equal on the two sides, and these muscles do not remain unduly contracted, nor is this found in any of the stretched muscles. His movements generally are awkward. He says at school boys poke fun at him because when laughing heartily he could prevent himself from falling backward only with difficulty. He has a certain amount of difficulty in bringing his finger tips together with eyes closed. There is some titulation on standing with his feet