

wards, when he had pain. The inferior rectus was pressed upon during contraction and caused the pain. He could see to the right of the middle line, but could not see to the left of the middle line. The bullet having been removed, it does not now cause him pain to look down. The bullet was considerably deformed.

DR. FENTON spoke of a similar case of bullet wound, shot from a small calibre rifle at short range. This bullet entered the nose, there being no external wound, passed through the lachrymal bone, entered the orbit, through the great wing of the sphenoid, then through the temporo-sphenoidal lobe, finally lodging in the occipital fossa.

A CASE OF ADDISON'S DISEASE.

DR. R. J. DWYER read at considerable length notes of a case of this disease, which presented all the classical features of the disease. It occurred in a man aged 38 years, born in England, a machinist by trade, but on the sea for a good deal of his life. He was admitted to St. Michael's Hospital December 22nd, 1899. As regards his family history, the father is living, but the mother is dead. She was sick six years with spinal trouble before her death, which suggests tubercular disease. In reference to personal history, he weighed 146 pounds on admission, but used to weigh 160 pounds. Five years ago he was in Australia; malaria on return to England; in bed nine weeks. Was always subject to headaches. Drank heavily for several years, also smoked. Present illness began with nausea and vomiting in the morning. He would feel better during the day. Headache principally in the morning, which would disappear when out in the open air. Breathlessness and fluttering of the heart appeared. Shortly after Christmas, 1898, his wife first noticed any change in color. Skin became dark, principally the face and hands. This contrasted with the body, which was quite white. He continued at his work until June, when he had to give up on account of weakness, which increased. After he discontinued work, was able to go about for two months before coming into the hospital in December. Sometimes he would have attacks of diarrhea, alternating with constipation. He was very languid and drowsy during the day and restless at night. Temperature sub-normal. Pulse varied from 72 to 100. The yellowish-brown color was very marked on the neck. The conjunctivæ presented marked contrast, being comparatively pale. The discoloration was mostly marked on the face, back of the neck, perineal sulcus, scrotum and penis, which was quite black. The mouth presented an interesting condition. The presence of very black pigment-