

attempting to walk. On the left side the reflexes were exaggerated and ankle clonus present. General intelligence was but fair, and speech thick. Optic neuritis was present in both eyes, with intense, but not localized, headache. Though no history of syphilis was to be obtained, a course of inunction with mercury was carried on to salivation, Dr. MacDonnell recognizing that the symptoms were the result of some lesion of the motor area of the right side of the brain, and that the most probable origin of such a condition was syphilitic tumor. The result was most satisfactory. Complete recovery of the paretic parts rapidly ensued, the headache disappeared, and after a month's stay in hospital the patient returned home in an excellent state of health.

Discussion.—Dr. STEWART stated that he was called to see the case. He thought there were two points of great interest in this case. The first was that the onset of the symptoms seemed to point to a cortical lesion which was probably of syphilitic origin; the lesion might be a tumor or merely a thickening of the membrane. The second point to be observed is the greater value of mercury compared to potassium iodide in the treatment of cerebral syphilis. If the woman could have stood the effects of more mercury she would probably have got better sooner. He also called attention to the value of using an antiseptic mouth-wash. In Vienna mercury was rubbed in thirty times a month without saturation, because the patient's mouth was well washed.

Dr. CAMERON asked at what point could one determine when the mercury had reached its full effect, and when would it be advisable to resort to operation?

Dr. STEWART replied that if the disease was syphilis, a complete cure might be expected; but if no effect was produced in six months, operative procedure might be considered.

Dr. HINGSTON referred to the efficacy of potassium iodide over mercury in his experience. There is very little doubt of the superior efficiency of potassium iodide over mercury in syphilis generally, why not in cerebral syphilis? He then referred to the difficulty of diagnosing syphilis even in cases where the lesion was visible, and quoted cases where it had been mistaken for malignant disease. He believed potassium iodide was a scavenger for the disease, and if it had no effect on any disease, that disease was not syphilitic.

Foreign body in the Bladder.—Dr. HINGSTON related an interesting case of this nature. An old man came into hospital complaining of frequent micturition at night, with pain and other symptoms of calculus. The lithotrite was introduced without preliminary sounding, opened, and closed on something soft, not attached to the vesical wall. On withdrawing it, found a piece of sheet rubber; again introduced the instrument, and withdrew another piece, and afterwards crushed and removed a calculus that was there. Patient stated that he had been examined with an instrument in Chicago, where he was treated for irritation of the neck of the bladder. Probably part of the rubber catheter was left.

In reply to Dr. Gurd, Dr. Hingston stated that the rubber was very much incrustated.

Case of supposed Aneurism.—Dr. MACDONNELL related a case of supposed thoracic aneurism. There was great intrathoracic pain, and neuralgic pains in the course of the fifth and sixth nerves, requiring hypodermics to produce sleep. Patient had history and symptoms of syphilis. Complete relief was afforded by potassium iodide. There is now no pain nor any pressure symptoms; and patient is up and about the wards.

In answer to Dr. Gurd, Dr. MacDonnell said that potassium iodide gives wonderful relief in cases of aneurism. Would not say whether this was due to its antisiphilitic action or to its power of producing a clot in the sac.

Progress of Science.

LOCAL TREATMENT OF SCROFULOUS GLANDS,

WITH A NOTICE OF COMPOUND SYRUP OF TRIFOLIUM AS A THERAPEUTIC AGENT.

BY H. C. ROGERS, M. D., BROOKLYN.

All surgeons are familiar with the class of cases to which I would draw attention, and probably there are few of them who have not wished such cases removed from their care. I allude to the large number of strumous children with slowly suppurating cervical and other lymphatic glands, tedious and insidious in their course, and generally, after months and, it may be, years of suffering, ending at the best in elevated or depressed cicatrices and unsightly scars. Under the most careful and judicious treatment, the surgeon is liable to bring disgust to his patient and friends and discredit on himself. The old practice by free incisions, blisters, valvular openings, and other means which