

TABES DORSALIS.

At the next meeting, held October 2nd, Dr. McPhedran read a paper on Preataxic Tabes Dorsalis, discussing most of the important symptoms in detail and giving a short *resumé* of the various theories held as to the nature of the disease.

SOCIETY'S ROOMS, Oct. 9th.

The President in the chair.

Dr. Bell, of Berkeley Street, was duly elected to membership.

WOUND OF THE CORNEA. TRICHIASIS.

Dr. Reeve presented two cases. The first had received a vertical incised wound of the inner third of the cornea of the left eye extending into the ciliary region of the sclera above and below, which was followed by inflammation and blindness from closed pupil. In five weeks after receipt of injury sympathetic ophthalmia became developed in the right eye, resulting in complete loss of sight in it. Iridectomy has been done twice in the left eye, and as the result of the second operation 18 months after injury, the patient now has fair sight in this the eye that was originally injured. The second case, one of trichiasis was treated by exposing the tarso-orbital fascia in each eyelid and securing adhesion of the skin to it, thus causing eversion of the lids, undue traction inwards being corrected by a horizontal cut through the conjunctiva and tarsal cartilage about a line and a half from the free margin; no skin was sacrificed.

CEREBRAL CYST.

Dr. Machell then showed a cyst the size of a small goose egg removed from the left middle lobe of the cerebrum, and read notes of the history of the case—a woman who had been a martyr to neuralgia for years. When she came under the doctor's care in July last, the neuralgia was paroxysmal, occurring in the evenings of alternate days; pain intense, and located chiefly in the supra-orbital, temporal and malar regions, supposed to be due to malarial poisoning; but quinine had no effect on it though increased in dose from 10 to 60 grs. daily. In about ten days the paroxysms became daily and affected chiefly the cervico-co-

capital region, which was tender to pressure; a few days later they occurred at irregular times and often in the day. It was now noticed that she omitted a word occasionally, and shortly afterwards two or three words would be omitted and later a short sentence. Early in September, instead of the paroxysms of pain she had periods of partial unconsciousness, in which she moved her hands about aimlessly, turning from side to side of the bed and moaning gently; this would last one to five minutes, and occur five or six times a day. In one of these the left eye became completely congested, pupils dilated and tears streamed down her cheek; pulse fell to 36; after recovering, pulse went up to 70 or 80 and pupil became normal. The eyes were examined by Dr. Reeve and double optic neuritis found to be present. This left no doubt as to the existence of a cyst or tumour in the brain. Aphasia became more marked, no paralysis of the arms or legs till a few hours before death, no convulsions. *Post mortem* revealed a cyst with gelatinous contents near base of brain; around cyst wall there was a layer of semi-fluid substance, probably broken-down brain tissue.

Dr. Cameron then reported a case of small tumour of the crus cerebri in a young girl who died at the hospital.

In the absence of Dr. Oldright, Dr. McPhedran showed for him the intestines from the infant whose case he reported two weeks ago. Meckel's Diverticulum was found as a large sac 2 x 5 inches communicating above with the ileum, and terminating in the umbilical cord in a *cul de sac* the end of which was cut off when the cord was cut, from the umbilicus the ileum was rudimentary and about four inches long. The cæcum and large bowel were about the size of a goose quill, but patent throughout, as it all could be inflated; vermiform appendix well formed, the child had lived seven days, took but little nourishment, most of which was regurgitated.

RUPTURED UTERUS.

Dr. McPhedran showed for Dr. Wagner a ruptured uterus from a woman aged 34. It was the sixth labour, and occurred as the head was entering the brim, the os being well dilated