

sion, and a post-mortem was obtained. He came into the hospital complaining of very severe pain in the head and vomiting. In a day or two he was quite maniacal, and then gradually became comatose. He died comatose five days after admission. At the post-mortem Dr. Wyatt Johnstone found at the base of the brain a single small flake of recent lymph, lying on and attached to the inferior surface of the facial nerve in the right side, near its origin. On slitting up the vessels at the base, this exudation was seen to correspond to a small lateral branch of the basilar artery, where it crossed the nerve. The thrombus extended in this vessel as far as its origin from the basilar, at which point a small roughened, reddish patch existed in the intima, and its wall was thickened, but no thrombus present. The right posterior cerebral artery presented a thickened wall and narrow lumen, and was thrombosed in its whole course; other cerebral vessels normal. On dissecting the brain, no local degenerative changes were recognized anywhere. Dr. Ross remarked that it was singular that such apparently simple lesions should produce such grave symptoms. He had expected to find much more marked pathological changes in the brain.

*Erysipelas in Infants treated with Zinc Paste.*

—Dr. A. D. BLACKADER read a short paper entitled: "Notes on some cases of Erysipelas in the Infant, with a plea for the use of white zinc paint in its local treatment." Brief reports of the cases were given, the last two of which had been treated by the application of white zinc paint over all the erysipelatous surface, in the manner recommended by Mr. Barwell with white lead. The same advantages were claimed for the zinc as had been for the lead, without danger of absorption of any poison which, in infants, was perhaps to be feared with the latter. These were immediate relief to pain and restlessness, followed rapidly, as a rule, by subsidence of pyrexia and arrest of the disease. The fact that erysipelas was a constitutional and not merely a local disease was not overlooked; but it was contended that if by these local measures we moderate and assuage the local inflammation, we, at the same time, control at least some of the factors in the systemic disorder. Special advantages were claimed for it in infants. It is easily applied, drying quickly, and forming a complete dressing by itself, which cannot be soiled by the secretions, nor easily rubbed off by the restlessness of the infant. If desired, some disinfectant may be added. Soap and warm water readily remove it after the attack is over.

Dr. HINGSTON said that he had had himself repeated attacks of erysipelas of the face. He found nothing so comforting as frequent dusting with a puff of flour. He believed that when the system was in ill-health the disease spread; if not, that it would not do so.

Dr. TRENHOLME said he had never seen an infant die of erysipelas. He employs a paint of elderberry tea thickened with calcined magnesia.

Dr. Hy. HOWARD said that last winter there were between fifty and sixty cases of erysipelas in the Longue Point Asylum. All were treated by painting with a weak solution of iodine, and all recovered.

Dr. SMITH said he had seen marked effects produced by one grain doses of quinine given every three hours.

The PRESIDENT said that a favorite prescription for cutaneous erysipelas with the late Dr. Fraser was the oxide of lead and glycerine. He himself uses a lotion of lead and opium, usually warm, but sometimes cold. He believed that great benefit followed the internal use of the tincture of iron in large doses. Patients have a tolerance for it. His usual dose for an adult is 40 minims of the tincture with 5 or 10 of chloric ether every four hours.

*Extensive Posterior Cervical Laceration of Ovary.*—Dr. ALLOWAY related the following case, and illustrated by means of diagrams an extensive posterior laceration of the cervix uteri of long standing, and also demonstrated the operation performed for its cure:—

On the 17th of June last he was requested to see a lady stated to be in a dying condition. He found the patient in a hysterical fit lying on her back in bed, making most exaggerated respiratory efforts—"gasping for breath,"—pulse and temperature normal, but seemed unconscious of his presence. Gave her a hypodermic injection of morphia, and assured her friends that she would not die. At the morning visit next day he obtained the following history: She was 48 years old; had given birth to eight full-term children; one miscarriage at third month about ten years ago; oldest child 25 years of age, youngest 14. She stated she had not been able to do her house-work for some years past. She suffers from intense pain in the back, limbs and head. Has constant irritation of bladder. States that when young she was an exceptionally strong and robust woman, but for some years has been gradually losing flesh. She takes "nervous fits or spells" somewhat like the one in which she was found the day previous. These spells come