

the meatus might not be a fair test. He had seen gonorrhoea in cases he thought were free from infection, after the prostate had been massaged and the tract explored with the urethroscope. The lesson this case impressed upon them was to warn patients of the seriousness of the condition, and not allow them after one or two interviews to treat themselves as they think fit.

DR. FINLEY in reply said with regard to the frequency of the disease, they had certainly had two cases in Montreal, not a large proportion considering the very common disease which gives it origin. Thayer of Baltimore had two cases, and in both he was able to demonstrate the gonococci during life. Dr. Finley's assistant endeavoured by several methods to find the gonococci but failed; where they had practically no discharge, it was not an easy matter to find gonococci.

*Twelfth Meeting, 18th March, 1904.*

DR. F. A. L. LOCKHART, IN THE CHAIR.

DR. W. G. M. BYERS showed eight pathological specimens of eyes prepared after a new method:—

(1) Large melanotic Sarcoma of the choroid growing from the lower posterior segment of the globe and showing extensive detachment of the retina on its anterior surface.

(2) Glioma of the retina with perforation of the sclerotic posteriorly and large gliomatous overgrowth about the optic nerve.

(3) The anterior and posterior halves of the eye affected with glioma of the retina. In the posterior half the growth is seen occupying the centre of the vitreous, and in the anterior half dimly through the lens. The dilated pupil and shallow anterior chamber are characteristic of the secondary glaucoma present at the time of operation.

(4) Chronic irido-cyclitis with massive formation of bone in the eye and uveal exudate.

(5) Wound of the cornea, complete detachment of the retina, massive subretinal exudate and retinal cyst.

(6) Atrophica bulbi showing the characteristic "squaring" of the globe as the result of the contraction of the plastic exudate and the pressure on the recti muscles.

(7) Large staphyloma of the cornea following ophthalmia neonatorum.

(8) Atrophica bulbi secondary to wound of the cornea, iris and lens with extensive detachment of the retina and choroid.

DR. BYERS, in explanation of the method said: I bring these specimens before the Society not so much for the interest which