

to the temples recommended. As the last leech fell off, consciousness returned, and she steadily regained her usual health. She was kept in bed on a strictly milk diet for several weeks, during which time the albumen decreased rapidly. Four weeks later Dr. Smith delivered her of dead foetus, much decomposed. She made a perfect recovery. Dr. Smith lays his success to the bleeding and rigorous milk diet, as recommended by Dr. Donkin, whom he quoted at some length.

Dr. GARDNER said that the efficacy of hypodermic injections of morphia or Liq. Battley was extraordinary in these cases. He had used it frequently with very satisfactory results, even where convulsions came on weeks before labor.

Dr. ROSS said the question of bleeding was divided. His own experience went against it. Only once saw good results follow, and that time the patient was a small, weak woman. He had several times seen strong plethoric women bled without any benefit. Has found chloral, given early, very useful, but morphia more reliable, and recommended hot air baths.

Dr. TRENHOLME said the pulse was a good indicator to bleed or not. If strong and bounding in a full-blooded person, believed bleeding to be the best treatment. convulsions came on some time before full time, then an opiate would be good. If at full time and os dilatable, give chloroform and deliver. He agreed with Dr. Smith's treatment of his case as regards the form of bleeding and milk diet.

Dr. GARDNER spoke highly of hot air baths in these cases.

Dr. RODGER said he had treated a good many cases of puerperal convulsions. Used to bleed if the person was strong, but of late, in all cases, uses hypodermics of morphia. Chloroform or ether have not given satisfaction, nor has he seen the good effects from chloral and bromide of potassium which others speak of. Some time ago had a patient six months pregnant, with 75 per cent. of albumen in her urine, who had a convulsion. He gave her a hypodermic of half a grain of morphia, repeating it in six hours. She had no more seizures till three weeks after. Again he used the morphia which stopped them for two weeks more, when pains came on, and she was delivered of a dead foetus.

*Stated Meeting, Dec. 14th, 1883.*

DR. RODGER, PRESIDENT, in the chair.

*Syphilitic Caries of inner table of skull.—Great thickening of Calvaria—Compression and Deformity of Brain.*—DR. OSLER exhibited the skull-cap and brain. The patient, a woman aged 35, had been in hospital many times during last six years with various symptoms of constitutional syphilis. Was not under regular constitutional treatment in the intervals. At one time had necrosis of right tibia. In November, 1882, was admitted with a small open sore in right parietal bone through which dead bone could be felt, and a probe passed far in between the bare bone and dura-mater, towards the vertex. Symptoms chiefly debility and severe right unilateral headaches. Was in hospital several times within last year, and amyloid disease of kidney was made out. During her last illness, as on the previous occasions, her intellect was clear, and although within a few days of her death she was dull and very irritable, it was probably due to the severe pains in her head and her increasing weakness. Never had any signs of local brain disease. The headaches were very severe at night. The external surface of the skull-cap was smooth, and on the right side, close to the coronal suture, was a small sinus through which a Bowman's probe could be passed. On removing the calvaria, which was moderately thickened in the supraorbital regions, a quantity of thick pus escaped. The dura-mater was thickened and strongly adherent posteriorly. The internal surface was smooth and did not present any adhesions. As shewn in the specimen, the disease is confined to the contiguous surfaces of skull and dura over the frontal and part of the parietal regions. The inner aspect of the bone in these parts is rough and carious, having an eroded, worm-eaten appearance, and covered with granulations; and towards the parietal bone, firm, solid fibrous masses unite it to the dura. The upper half of the frontal and the greater part of the parietal bones are thickened, measuring from two to three centimetres, and are exceedingly dense. The outer surface of the dura-mater shews numerous soft granulations springing from solid fibrous tissue. The falx in its anterior half is thickened, and the longitudinal sinus is in this part obliterated. The brain shewed no trace of coarse disease; the arachnoid was a little opaque, but the pia-mater was normal. The hemispheres were curiously deformed from the pressure to