

into the pelvic peritoneum of the pent-up pus in the over-distended tubes.

Dr. Shepherd exhibited the following

ANATOMICAL VARIATIONS.

1. *The left four-foot of a pig with six toes.*—The reproduction of the thumb was interesting, for the trapezium, which in the pig's foot is in a rudimentary condition, was here developed to its full size. In both the accessory toes there were three phalanges, thus differing from the ordinary first digit of the five-toed mammals with only two phalanges.

2. *An unciform bone* with the unciform process separate and evidently having an origin from a distinct centre, as there were no evidences of fracture.

3. *An Indian skull* with a well developed supra-occipital or rather inter-parietal bone, as is seen in many lower animals. The portion of bone above the superior curved line was separated from the rest by a suture running across from one lateral angle to the other.

*New Methods in the Treatment of Granular Ophthalmia.*—Dr. F. Buller followed with a paper of considerable interest on the above subject.

*Discussion.*—Dr. Foucher considered Dr. Buller's paper of interest to all, as it related to one of the severest diseases connected with the eye commonly met with. Before such remedies mentioned by Dr. Buller were adopted, cases presenting themselves for treatment in our hospitals increased in numbers owing to the inefficient methods then at the disposal of the specialists. The susceptibility of some individuals to trachoma more than others was difficult to explain. He had frequently noticed granular lids in patients with atrophic rhinitis. Was there any connection between these two diseases which somewhat resembled one another pathologically? Did tuberculosis predispose to granular ophthalmia? In the treatment he considered jequirity of great value, as well as corrosive sublimate, in suitable cases.

Dr. Proudfoot had discontinued the use of inoculating with pus cases of granular ophthalmia since the introduction of jequirity. He has been in the habit of using the freshly powdered bean. If within forty-eight hours there was no inflammation, he washed out the sac. He had also employed caustic potash with great care, neutralizing the effect with a weak solution of vinegar. He found corrosive sublimate in the strength of 1 to 5000 beneficial when used frequently.

Dr. Shepherd asked if sulphur had been tried in those cases where corrosive sublimate failed. It was known to act well in diseases of the skin.

Dr. Buller, in his reply, remarked that he saw no analogy between tuberculosis and trachoma. That trachoma was due to a specific diplococcus, cultures of which had been found to produce

the disease. He was not aware that sulphur had been used in these cases. He considered scarification very valuable in recent cases with much swelling.

*Stated Meeting, April 17th, 1891.*

F. J. SHEPHERD, M.D., PRESIDENT IN THE CHAIR.

*Chronic Ovaritis in Cases with unusual Nervous Symptoms.*—Dr. Alloway showed specimens from three cases of chronic ovaritis. The ovaries and tubes exhibited were removed for the relief of unusual nervous symptoms. The first case was 30 years of age; three full-term children; menstruation had been very irregular. A year previous she had a trachelorrhaphy performed for laceration of the cervix, which improved her in general health for some months; but the following nervous symptoms remained and continued to become exaggerated: constant headache, vertigo, exaggerated hysterical symptoms, chiefly in the form of a feeling of irresponsibility for her acts, great cardiac excitability, insomnia, and pelvic pain. Since the removal of the appendages these symptoms have disappeared, and the patient has assumed altogether a different condition.

The next specimen exhibited by Dr. Alloway was the appendages removed from a lady 40 years of age. She had been married twenty-one years. Four full-term children; youngest 14 years of age. Menstruation had been very irregular, severe pelvic pain, constant vomiting, which seemed to be of a reflex character and unaccompanied by nausea, constant headache, hysterical attacks were very violent, requiring severe measures to suppress them, and were followed by these attacks of vomiting before mentioned. This patient had been under every possible treatment for years without relief. At the operation, the ovaries and tubes of both sides were firmly adherent to the pelvic wall, and were with much difficulty separated on account of the age of the adhesions. This patient has not had a single attack of vomiting since the operation, and in other respects is thoroughly restored to health.

The third specimen exhibited by Dr. Alloway was the appendages from a patient of 29 years of age, unmarried. Her principal symptoms consisted in an inability to digest ordinary food for the past two years, the smallest quantity causing intense gastralgia, followed by painful and loud eructations of gas and enormous distension of the large and small intestines, giving appearance to the so called phantom tumor. This tumor would gradually disappear towards evening, to reappear again the following morning accompanied by very loud borborygmus. This patient had had every possible form of treatment, including the washing out of her stomach; had lived on milk diet for months at a time without