

and for the relief of uræmic asthma. According to Saundby the headache and vertigo may frequently be relieved by Theine or Caffeine. No reference is likewise made to the occasional occurrence of albuminuria in health as found by Leube in soldiers, or to that form described as of adolescence by Clement Dukes, of Rugby, and also by Moxon. Section IX. is devoted to retinitis in Bright's disease, and is contributed by Wm. F. Norris, A.M., M.D., Clinical Professor of ophthalmology in the University. Sections X. and XI. discuss the subjects of suppurative interstitial nephritis and cystotic induration respectively, which, although not pertaining strictly to the subject of Bright's disease, are added for the purpose of greater completeness. Diabetes mellitus and insipidus occupy the last 80 pages of the book presenting a very good *resumé* of the subject. Certainly, taken as a whole, the work does infinite credit to the erudition and industry of its author; and, from the student's and busy general practitioner's standpoint, constitutes a valuable addition to medical literature in the English language.

Meetings of Medical Societies.

HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association, was held in Wingham, on the 4th of October, Dr. Sloan, President in the chair. The following members were present: Drs. Sloan, Holmes, Worthington, Tamblyn, Bethune, Graham, McDonald, Gillies, Young, Duncan, Mackid, Hurlburt, and Stewart.

Dr. Mackid showed a woman, aged 65, who has an abdominal tumor, occupying a great portion of the right abdominal cavity. She first noticed it four months previously. Its true nature was not clear.

Drs. Stewart and Hurlburt showed the following cases:—

1. A case of locomotor ataxia. The patient is a man, aged 43. He was first seen on the first of September, of the present year, when he complained of shooting pains in his legs, thighs, arms, and belly, and of an inability to walk in the dark. He had gonorrhœa twenty years ago, but he never had syphilis. His previous and family history are good. The pains first troubled him twelve years ago, while he was working in the lumber woods of Wisconsin. His occupation was that of a driver, and he had to sit for hours on the cold logs, and it is to this that he attributes his trouble. The pains have been gradually becoming severer. He has been unable to work for nine months. The first difficulty in walking was noticed five years ago.

Present state. There is no loss of motion in any of the extremities. The sensation of the lower limbs, and that part of the left arm, supplied by the median is markedly delayed. He requires from 6 to 8 seconds to appreciate a painful sensation in these parts. Simple brushing the hair of the legs causes more pain than severe pinching. He is able to tell a hot from a cold application. When his eyes are shut he is unable to touch his nose with either index finger, neither can he point correctly to the position of his feet. There is complete absence of the knee reflex. There is no ankle clonus. He says that he is able to retain his urine for 48 hours without causing him any inconvenience. When he attempts to empty his bladder he is compelled to strain and it often takes him half an hour to get all the urine away. Bowels move about every third day. The pupils contract to light slowly. The reaction to accommodation is normal. There is no myosis, squinting, or loss of color vision. There is distinct atrophy of both discs. Vision is fair. He at times complains of severe pains in his stomach. He says that he has a feeling as if a hundred pound weight was compressing his back. He is unable to stand or walk with his eyes closed. A full clinical account of this case, with a detailed description of the effects of stretching the right sciatic, which operation was performed since the meeting of the Association, will be published shortly.

2. A case of probable tumor of the left cerebral motor region. The patient, a girl aged 14½ years, was first seen in January, 1880, when she complained of loss of vision in the left eye and headache. Family and personal history good. She was quite well until three years ago, when she was seized with headache, confined to the left parietal region and vomiting. After these symptoms had been present for three weeks, she accidentally discovered that there was complete loss of vision in her left eye. The headache and vomiting disappeared shortly afterwards, but have recurred frequently since. The following was her condition in January, 1880. She is medium-sized, spare and listless looking, her cheeks flush frequently. The pulse is 90 and the temperature normal. There is nothing abnormal to be detected about the heart, lungs, liver, or spleen. The appetite is poor and the bowels costive. Abdomen retracted. Marked *taches cérébrales*.

Left Eye.—Slight upward and internal squint. The arteries of the fundus are small and no white lines can be discovered accompanying them. The disc is greyish white, small and cupped. *Right Eye.*—The disc is larger and of the normal colour, but there is some cupping. Vessels small. Fundus otherwise normal. The media are normal in both eyes. The sight of