

Ferrier, I remember very clearly one case, a cavalryman, who developed eye symptoms and a peculiar condition of his arms which was diagnosed as probably muscular dystrophy. On going into the history, however, and ascertaining his occupation and that in the care of his horses he was required to handle large bales of hay and straw every day, Dr. Ferrier came to the conclusion that it was one of the cases of *tabes dorsalis*. Dr. James Stewart exhibited two cases here of the same condition of cervical *tabes*, both were shoemakers, one of which returned to our clinic a few weeks ago, and he was in the same condition as seven years ago except that the atrophy had progressed somewhat. It is interesting, as Dr. Russel points out, that these cases occur most frequently in men from continued strain on one set of muscles.

W. F. HAMILTON, M.D.—I understood Dr. Russel to say that the exposure to the glare of the sun on the snow in one of his cases was sufficient to cause the optic atrophy. In this connexion I am reminded of the arctic explorers who complain bitterly of snow blindness, which affects them so seriously in their marches that narcotics have to be resorted to for relief. Those who experience this affection say that it is not the glare of the sun on the snow that induces it for on cloudy or misty days they suffered most, when there is no shadow.

C. K. RUSSEL, M.D.—In answer to Dr. Shirres I have already stated that Edinger published this series of articles in 1894-5, so that it is by no means recent, but I think it has escaped notice. With regard to the so-called snow blindness, when I was up north in the Hudson Bay district some years ago two of us had a slight touch of this snow blindness, and it certainly rendered vision painful and difficult, in any case I think it would be sufficient to cause fatigue of those optic nerves and induce neuritic atrophy in a patient who has had the syphilitic toxine.

DEMONSTRATION OF A NEW HUMAN TRYPANOSOME.

J. L. TODD, M.D.

DEMONSTRATION OF APPARATUS FOR THE ADMINISTRATION OF RECTAL ANÆSTHESIA.

E. M. VON EBERTS, M.D.

J. APPLETON NUTTER, M.D.—While in Boston in 1906, I saw Cheever trying rectal anæsthesia at the Children's Hospital. Although in some cases the method worked well, in others it had to be supplemented by ordinary inhalation narcosis. The success obtained was not sufficient to warrant its adoption as a measure of routine at the Children's Hospital.

E. M. VON EBERTS, M.D.—Doctor Cunningham gave a demonstration of this apparatus a few weeks ago. The patient, an old man with thickened vessels and a chronic alcoholic, had an extensive carcinoma of the lower lip. The apparatus worked very satisfactorily and the house-