

pupil), slight numbness of the feet, and loss of knee-jerk. There was a history of syphilis in all. A case of primary lateral sclerosis of the cord, in a boy aged 12, was also described.

Fissure of the Anus—Dr. KENNEDY related a case which he was treating by passing a rectal bougie. The use of hydrochlorate of cocaine renders the operation painless.

Stated Meeting, January 9th, 1885.

T. J. ALLOWAY, M.D., First Vice-President, in The Chair.

Case of Hernia, with great hypertrophy (elephantiasis) of scrotum.—Dr T. D. REED showed photographs and gave the following account:—The patient, a French-Canadian, aged 60, applied at the Montreal Dispensary recently for treatment of œdema of left leg. On examination, he was found to have a very large pyriform tumor projecting from the pubis, reaching to within one inch of the patellæ, measuring $14\frac{1}{2}$ inches in length and 30 inches in great circumference. The man had had an irreducible hernia of the right side of several years' standing, and thought the scrotum had been increasing in size for about fourteen years. The dragging of the mass, the estimated weight of which was 14 lbs., on the pubic tissues had resulted in burying the penis completely, which could be traced from a groove on the side of the tumor. Dr. Reed considered the mass to be in the upper third, hernia; in the middle hydrocele; and the lower hypertrophied scrotal tissue. There was a sinus in the solid portion from which exuded a watery fluid. The surface of this part was uneven, and the skin adherent. The patient had no difficulty with the bowels, and the belly was rotund. To urinate, the patient would elevate the mass with the hands, and pushing himself against some object, as a chair back, bring out the glans. The urine was examined for albumen, with negative result. Under treatment, the œdema of the leg diminished. Surgical interference with the tumor was refused. The patient could walk long distances at a moderate pace.

Removal of an enormous stone from the bladder.—Dr. HINGSTON exhibited to the Society an enormous calculus removed by him from the bladder by the lateral method. He said his object in doing so at so late a period was in consequence of the advocacy on this and the other side of the Atlantic of the supra-pubic method for stones of

large size, an operation which, even with Petersen's modification, he considered a serious one. He said the *Medical News* of Philadelphia had mentioned the removal of a stone weighing three ounces by the supra-pubic as worthy of record; and Sir Henry Thompson, in the *British Medical Journal* for July, had stated; "no incisions can be made in the region which belongs to that operation" (the lateral) "through which a calculus of three ounces or more can be extracted." The calculus Dr. Hingston exhibited weighed five ounces and five drachms when removed in July, 1873, by the lateral method. It was a somewhat flattened ellipse, and measured in breadth, $2\frac{1}{4}$ inches; length, $3\frac{3}{8}$ inches; thickness, $1\frac{1}{4}$ inches; greatest circumference, 9 inches. It was composed of uric acid, with one end covered with a half-inch coating of phosphates. The patient, a young man, 21 years of age, made an excellent recovery, and returned to his home in Syracuse, in the State of New York.

Dr. WOOD exhibited a man with only one leg, the tibia of which, he thought, had had a piece knocked off by the man's having fallen on a shovel.

Dr. HY. HOWARD said it was difficult to be sure, as everything was healed up, and there was no other leg to compare it with.

Dr. ALLOWAY related the history of a case which he stated was of more interest from its extreme rarity than of serious importance to the patient. The patient, a young married lady, mother of two children, youngest about four years of age, consulted him about one year ago concerning a pain in her right side, backache, and general decline in health. On making a vaginal examination in Sims' position, a large cyst-like, bluish body occupied the whole of the posterior fornix space, and so overlapped the vaginal portion of the cervix and os uteri that it was with difficulty the cervix and os could be at first discovered. The cyst proved to be purely submucous, and its fluid contents separated the mucous membranes from the submucous tissues from a point extending from the os up the posterior surface of the vaginal cervix, and down a short distance on the posterior vaginal wall. At this time there was a slight catarrhal condition of the cervix, but no evidence of there having been ulceration or previous attack of pelvic inflammation. He kept the patient under observation for nine or ten months, and observing no change having taken place in the cyst during that time, concluded that it probably resulted from injury