

their appearing so abundantly in the palms of the hands. They are no doubt growths of connective tissue with fatty degeneration, this giving the yellow appearance. They sometimes occur in the throat and fauces, trachea, heart, etc. Treatment is of little avail. The patches often disappear spontaneously.

Dr. ADAMI had made only a cursory examination of portions of the growths that had been sent to him, but would give a full report to the Society at a later date.

Dr. BULLER had seen a great many cases of xanthelasma of the eyelids, and he thought that there must be some marked underlying difference between the pathological processes of this disease as found in the eyelids and in the other parts of the body. In these cases he had never found any tenderness of the diseased portion, nor could he ever elicit any history of sick headache or hepatic affection, though he always made careful enquiries.

Dr. FOLEY enquired whether the growth was strictly confined to the corium or whether it penetrated into the deeper structure; he also asked if cholesterin crystals were present.

Dr. ADAMI replied that as the corium and fibrous tissue below was very indefinite, Dr. Foley's question was difficult to answer; no cholesterin was found.

*Arthrectomy.*—Dr. ARMSTRONG brought before the Society a man in whom a particularly favorable result had been obtained of an arthrectomy of the knee-joint, a partial incision having been performed last September. As could be seen, the man walked well and had a considerable amount of motion in the joint; the patella was also quite movable. The operation was performed by the transpatellar incision, the sections being reflected up and down, the tubercular disease was shaved off the patella and condyles, the patella was then sutured and the wound closed without drainage. The portions removed were submitted to Dr. ADAMI, who reported them to be tubercular. They seemed to resemble the dry atrophic form of tuberculosis which sometimes occurs in arthritic joints, the *caries sicca* of Volkmann.

The history of the case, which presented many points of interest, was as follows:—The man came to the hospital early last spring, complaining of severe pain and practical immobility of the knee-joint. This pain was so severe that hypodermics of morphia were required to relieve him. There was very marked atrophy of the joint, which was then even more plainly seen than at present, the measurement being one to one and a half inches less than on the sound side. At the same time, when the knees were placed together one could hardly tell which was the diseased joint, the outlines of the affected one being perfectly normal,

there was no oedema, no puffiness, no redness to indicate disease.

In the absence of physical evidence, Dr. ARMSTRONG hesitated to operate, and sent the man home after the pain had become somewhat relieved. He, however, shortly afterwards began again to annoy his family physician, who sent him back to the hospital with an urgent request that something should be done. The operation was then performed, with the result already mentioned.

The case is of interest as showing a relationship between joint disease and arthritic atrophy, the pain and atrophy being here more marked.

Dr. ARMSTRONG then cited the history of a case of hip-joint disease, presenting very similar features, which he had met during last summer. Here also pain and atrophy were the only symptoms. With Dr. Shepherd he had examined the patient under ether several times, without being able to decide on operation; but as the great pain was wearing the man down to a shadow, he at last opened the joint, and found distinct tubercular disease in the floor of the acetabulum, and the head of the femur was in a condition of caries.

The result had been very favorable, and Dr. ARMSTRONG regretted that he could not find the man to bring him before the Society.

Dr. SHEPHERD had seen the case with Dr. ARMSTRONG, and from the external appearances no one would have thought that there was a tubercular condition present in the joint. From the experience gained from this case he would be more ready to open such joints in future.

Dr. JAMES STEWART, on being asked to express his views on arthritic atrophy, thought that there was but little to be said on the subject; there are explanations for all forms of atrophy except this one. Some hold that its nature is that of a reflex process, but this is a convenient term to use when we know nothing about a subject, and such is probably the case here.

*Frogs with the Cerebrum removed.*—Dr. MILLS and Dr. MORROW exhibited two frogs deprived of the cerebrum, and demonstrated that they were capable of co-ordinated movements of the most complicated kind, including Goltz's "balancing experiment," *i.e.*, the frogs would, when a surface on which they were resting was gradually tilted, move in order to maintain their position. They would also turn over when placed on their back. The frogs had been operated on about a month previously, and during all this time had never made one spontaneous (voluntary) movement; they had not, *e.g.*, attempted to leap out of the dish in which they had been sitting under a water tap. This showed that the removal of the cerebrum abolished voluntary movement, but that all the mechanism necessary for co-