

tissue fluids in general. The life of the cell is expressed in its fluids. That is what I think this immunity question is going to work out to, to a certainty. The question of absorption is very interesting. The scars referred to are especially interesting. I think the disease did not attack these parts, not on account of their lack of vascularity, but on account of their deficient absorptive power.

Dr. DeCOW did not think minutæ in diagnosis of much importance to the general practitioner, the important thing being to adopt isolation and get at your treatment at once.

Dr. BIRKETT, in answer to Dr. Foley, said that the occurrence of rashes in diphtheria, especially in the more malignant forms, is well recognized. In both of these cases the membrane was not limited to one nostril, it invaded both nostrils. They differed in this, that in one case the membrane recurred on removal, in the other it did not. In regard to the remark of Dr. DeCOW; he said that the cases were treated as diphtheria before the report of the bacteriologist had been received.

Dr. MAJOR referred to a case reported by him some four years ago. He at first regarded it as a chronic membranous nasal catarrh. The young lady suffered from complete obstruction of both sides of the nose, but rhinoscopic examination showed that it did not at all enter into the posterior nares; there was no constitutional disturbance, no enlargement of glands; she had not been exposed to contagion so far as known, no case being in the neighborhood. She was living at the time in the Young Women's Christian Association, where there were twenty or thirty other people in the house. At that time the knowledge of the condition was very vague, and the examination did not yield any result. It was treated as a membranous nasal catarrh, and after trying various measures he found that the galvanic cautery was the only means that yielded any ready result. The treatment was carried out persistently daily for probably a couple of months. The case was reported to the Society, and before the paper was read a young lady occupying the same room as this patient was ill, had been attended and prescribed for as a case of tonsillitis. In consultation he afterwards recognized it as a case of diphtheria, a bad form, with nasal and pharyngeal extension. Since then he has had no doubt in his mind that the case of chronic nasal catarrh was nothing more or less than a case of chronic diphtheria, and that the second case was contracted from it. With regard to the erythema that a gentleman spoke of a moment ago, cases of that kind are sometimes apt to be confounded with scarlatina. He had had a case some time ago which he pronounced diphtheria after an in-

spection of the throat. A few days afterwards a scarlet rash developed, but two weeks later general paralysis setting in, confirmed the diagnosis.

*Report on Three Prostatic Tumors*—Dr. ARMSTRONG exhibited three specimens of hypertrophied prostate which he had removed last summer, and read Dr. Adami's report on the microscopical examination.

Dr. Armstrong continuing said that clinically these cases are very interesting. They occur as a group of cases for which at present the relief is not very satisfactory. From an operative point of view they are bad patients. They often come to us in such a condition of toxæmia, with advanced kidney disease and dilated genito-urinary tracts, that they are not able to resist the shock or hemorrhage. In the future it is believed that much better results will be obtained than at present.

Dr. JOHNSON wanted to know what was the rational explanation as to why the prostate enlarges. There is no special irritation, no apparent local causes, and what is remarkable it enlarges at a time when it is least used. We have all heard of atrophy from disuse; but hypertrophy from disuse seems to be implied in the case of enlarged prostate.

Dr. SMITH always takes an interest in the prostate gland, because he constantly thinks of the resemblance between it and the uterus. The structure of both organs is composed mainly of fibrous and muscular tissue. The uterus also contracts under the same conditions which cause contractions of the prostate. It seemed to him that from Prof. Adami's description of the gland one can easily see why people get enlargement of the prostate, and even why they get it when they don't want it any more. Over-use of this muscular and fibrous tissue will cause hypertrophy. Every time the fibres of the prostate contract they increase in size, and when this has been going on for twenty or thirty years, they get to be a pretty good size. Fibrous tissue frequently occurs in the uterus as the result of an exudation from the walls of the uterine veins, due to some obstruction to the venous circulation in some of the large veins about the brim of the pelvis, into which the uterine veins empty. When we have chronic constipation, with a loaded sigmoid flexure pressing directly on the common iliac veins as they pass over the brim of the pelvis, we have engorgement of all the subsidiary veins, an exudation of lymph, and the organization of the lymph into fibrous tissue. Obstruction to the venous circulation is the key-note to the causation of enlarged prostate; this obstruction may be due to chronic constipation, to the heart, or to the liver. For the last few years he has employed the fluid extract of ergot in the treatment of enlarged prostate, for the very reason that he has seen such good effects from this