

## SUPPOSED CURE OF TABES: LIVING CASES.

D. A. SHIRRES, M.D.

C. K. RUSSEL, M.D.—I do not think any apology is needed in introducing cases of Tabes to the Society. Their interest from a physiological point of view is sufficient. This first case is extremely interesting but I should have liked Dr. Shirres to have given us more of the points on which he made the diagnosis of Tabes, on account of the patient's practically complete recovery. One knows that multiple neuritis may very closely simulate Tabes and the Argyll Robertson pupil is found in other conditions besides Tabes. In one of the cases Dr. Shirres referred to which I showed to the Society a short time ago the patient was neurotic but I look upon that rather as a hindrance in the re-educative treatment than as a favorable condition. One point however could not be considered as a neurosis and that was the incontinence of urine, and this has been favourably influenced by the re-educative treatment. No electrical treatment was used for this and it seems to me in view of Edingers theory this treatment is more rational and certainly less open to danger than electrical applications to the sphincters and bladder.

The worth of this treatment I think is established. It is an educative treatment not of the fibres that are sclerosed but of other fibres to take on the functions of those that are dead:

## DIAGNOSIS OF GONORRHOEA IN THE FEMALE.

F. B. GURD, M.D., read the paper of the evening.

W. W. CHIPMAN, M.D. I wish to thank and congratulate Dr. Gurd upon his excellent paper. He has put before us a subject of great interest. He has done so clearly and succinctly, and has furnished us with the latest word in bacteriological methods. There are in this paper a number of points in which I am especially interested. Gonorrhoea in women is oftentimes a disease difficult of detection, and any new light that may be thrown upon the subject, or any new means that may be provided to enable us more easily to detect the organism itself is of special value. The first point that Dr. Gurd has brought out in his paper is that the ordinary staining methods of detecting the gonococcus are more or less unreliable. To be sure of the organism with which we are dealing we must have recourse to the cultural methods and to these only. His own work in this respect has been thorough and painstaking. He gives a history of 113 cases wherein extensive bacteriological examinations were made. Of these 113 cases, 50% were definitely positive, that is, both by staining and cultural methods, in 50% of the cases the gonococcus was definitely distinguished. This of course is a fairly large percentage, and speaks for itself of the