Our penal code is based upon the dogmatic *a priori* or speculative philosophy, which assumed that mind was entity. Hence the uselessness and absurdity of a physiological psychologist pleading before a judge of a criminal court. The ontological psychologist and the physiological, or experimental psychologist, look upon crime from two different standpoints; therefore they never can come to the same conclusion as to cause and effect.

Since I wrote the foregoing I received the April number of the CANADA MEDICAL AND SURGICAL JOURNAL, and in it perused with great pleasure, and, I hope, profit, a letter from Strasburg, over the signature "T. W. M.," in which the following occurs: "Professor Solly, before, perhaps, the most crowded house of the whole semester, detailed results of his latest experiments on the cerebrum. Solly opposes the theories of Hitzig and Ferrier with the deepest conviction that they are baseless. His results are very striking, and I doubt if it is possible for anyone to see Solly operate, remove a very considerable part of the fore-brain, and then note the results in the dogs, and still believe in the Hitzig-Ferrier localization theories."

You see in my remarks I have been anticipating "T. W. M." who, it appears to me, with Solly, misunderstands these physiological psychologists, Hitzig and Ferrier, and no matter what may be the result in dogs that have had a part of the fore-brain removed, it would be far from settling so important a question. "There may be localization, and this Solly admits, but not as we have heard of it as yet." Most undoubtedly there is localization, but not in the manner that Solly is looking for it; when he takes a wider view of the physical phenomena of force he will find it. Again, "T. W. M." says, many suppose the localization hypothesis derives powerful support from clinics and pathology, from symptoms and morbid anatomy." Most undoubtedly there are many who believe it, and with good reason; see the brain before us this evening; morbid anatomy confirms the truth of the opinions formed from symptoms and clinical observations. No doubt but that there has been some wild writing upon the localization hypothesis, and that great misunderstanding has arisen from our terminology, nevertheless there must be physical cause for physical effect, and the effect must depend upon the physiology of matter, and our duty is, where we see effect, to search for, and, if possible, find out cause.

Stated Meeting, May 9, 1884.

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

The following pathological specimens were exhibited:—

Aneurism of the descending Aorta—Erosion of Vertebræ—Pressure on Left Bronchus—Carnified Left Lung. Dr. GEO. ROSS exhibited the specimen and narrated the case.

The specimen consisted of a large aneurismal sac, occupying the descending portion of the thoracic aorta. The posterior wall of the pouch had been absorbed, and laid bare the bodies of several dorsal vertebræ, which were also considerably eroded. The left bronchus had been compressed, and the corresponding lung was airless and carnified. The aortic segments presented a sclerosed and contracted appearance, and were inefficient. The lining membrane of the aortic arch extensively atheromatous.

The history of the case began with an attack of acute left-sided pleurisy more than two years ago, for which he had been attended by Dr. Ross. Physical examination at that time showed only the usual signs of pleuritic inflammation, and of incompetency of aortic valves, with consecutive changes in the left side of the heart. Aneurism was not suspected. A year later he consulted Dr. Blackader, who referred him to Dr. Ross once more, he believing that further organic disease existed. After recovering from his pleurisy, the patient had continued to suffer from persistent pain in the left side of the chest, and shortness of breath had become aggravated. Physical signs were: dullness over whole left lung, and respiratory sounds distant and feeble over same area. Double basic cardiac murmur. Tracheal traction evident. Aortic aneurism diagnosticated. Subsequently there were developed well-marked neuralgia of 5th, 6th and 9th intercostal nerves, which could be traced out by exquisite superficial tenderness; also a remarkably strong, heaving pulsation at the xyphoid and neighboring parts, apparently lifting the heart itself against the chest. The addition of these signs allowed the aneurism to be placed with certainty in the descending part of the aorta. He died with symptoms of bronchitis and increasing asphyxia.

Cast from Membranous Dysmenorrhœa.—Dr. GURD exhibited what he thought might be a cast from a case of membranous dysmenorrhœa. The specimen was quite fresh, having been ejected from the vagina that morning. The patient, æt