as that just described, I believe I have felt for that young man with the mastitis as probably no other member present could do unless he has had similar experience to his or mine.

C. K. P. HENRY, M.D.—During Dr. Elder's service last Spring a good many cases were injected by Dr. Bazin all in the lower lumbar region, a 5.% solution of Stovaine being used. The cases covered a wide range, one case for removal of fragments of a fractured tibia and the plating of the bones with the necessary sawing off of the ends and insertion of the screws and plates. I think in this series two cases had to have a general anæsthetic. In one, though the fluid flowed very freely on the introduction of the needle which went in very easily, the fluid injected apparently went into the subarachnoid or arachnoid space, but still no anæsthesia was produced, and considering the case afterwards we decided that the needle had probably just passed into the sac and a slight movement displaced the eye outwards again. We did not resort to a second injection, but gave him an anæsthetic. In another case, an elderly man, the spines were clubbed, there was a good deal of rigidity and it was impossible to get the proper bowing, and to get into the spinal canal at all. The man who had the operation on his tibia and plates inserted, was a case which had been brought in with D.Ts., and in fact, was an inmate of Verdun, and for several reasons it was impossible to give him an anæsthetic. Internal and external urethrotomy were performed. The results in rectal work and the surgery in the lower regions was very satisfactory. I do not think in any of the cases there was headache, nor did paralysis last over two hours.

W. W. CHIPMAN, M.D.—I merely wish to thank the Society for the discussion because after all, this discussion gives to us the clinical experiences of spinal anæsthesia in the City of Montreal. With regard to the question raised by Dr. Garrow the feeling in New York seemed to be that in these cases of paralysis the needle had entered directly one of the nerves of the cauda equina, and the paralysis was the result. I do not think the introduction of the solution into the sub-arachnoid space at this level would ever cause such a lasting paralysis. The contention is, that it is only when the drug is injected directly into the tissue of the cord or its lumbar roots, that permanent paralysis, as a result of tissue necrosis, is produced.

The seventh regular meeting of the Society was held Friday evening January 7th, 1910, Dr. W. Grant Stewart, President, in the Chair.

LIVING CASES: THREE LIVING CASES ILLUSTRATING EDINGER'S "ERSATZ THEORY OF TABES DORSALIS."

C. K. RUSSEL, M.D.

D. A. SHIRRES, M.D.—Fourteen years ago, when working with