

diameter from above downwards and a lateral diameter of seven inches—good recovery.

Dr. Nevitt knew the person to be neurotic. She suffered twice from pelvic cellulitis.

Two cases of intubation for laryngeal diphtheria were cited by Dr. Duncan. In one the irritation caused by the tube was very marked, but the child made a rapid and complete recovery, while in the other there was little irritation and great relief to respiration, but the child died on the third day from collapse.

Dr. Oldright asked the cause of a peculiar green mould appearing on the surface of different samples of urine from a patient. Every precaution to secure cleanliness had been observed. The patient had an enlargement on the left side.

*March 8th, 1888.*

Several interesting cases of diseases of the genito-urinary organs were mentioned.

*Gonorrhœa with Formation of Abscess.*—In one case cited by Dr. Machell, the abscess formed on the line of the urethra, midway between the glans and the scrotum. When opened half an ounce of pus escaped but there was no communication between the abscess cavity and the urethra. In this case the patient had obtained an injection from a druggist.

Another by Dr. Atherton where the abscess had formed just in front of the prostate gland. It burst and discharged pus and urine. No strong injection had been employed.

Dr. Nevitt mentioned several obscure cases which had come under his care. In all there were symptoms of bladder trouble and fluctuating tumors were discovered in the bladder by means of a sound and with the finger in the rectum. In each case he had managed to perforate the sac with the sound and pus was immediately passed *per urethram*. Antiseptic injections completed the cure in a short time.

Dr. Ferguson stated that authorities believed the urethral mucous membrane to be totally non-absorbent and therefore an abrasion was a necessary preface to inflammation.

*Syphilis.*—Dr. Ferguson mentioned a case of a medical gentleman who came to him with a chancreous-looking sore on the head. There was no history of infection excepting that he might have touched his head with his finger after handling a

syphilitic patient. The glands were enlarged and there was cachexia. In due time the rash, sore-throat, etc., developed.

*Diabetes Insipidus.*—Dr. McCullough related the history of a case of polyuria in a pregnant woman at the sixth month. Ten pints passed daily, sp. gr. 1004. No sugar. This continued until after her confinement, during which time she lost flesh and appetite. The gums receded from the teeth and the tongue glazed. Thirst very great. The case is now improving rapidly.

Dr. Greig mentioned a case in which, at the fourth month of pregnancy, an erythematous eruption appeared on the anterior and outer surface of one thigh extending as far as the knee. It was eight inches broad, clearly defined, smooth but not raised. No miliary points present and the redness did not disappear on pressure. The affected part was tender to the touch nor could the patient lie on it. It did not disappear after confinement.

*March 15th, 1888.*

A case of non-parasitic sycosis was presented to the society by Dr. Doolittle. It was situated on the more prominent portion of each cheek and had persisted for over three years. Dr. Graham looked upon the case as one of eczema at present and suggested that applications of extremely hot water should be made followed by diachylon ointment.

Quite a lengthy discussion followed upon the reading of a very able paper by Dr. McPhedran on *Spinal Irritation*. Some of the points taken up were: *the use of the term "spinal irritation."* Dr. Cameron objected as we already had one term, hysteria, not understood, and thought that these cases might be classed together. He believed Rosenthal's classification was a correct one, viz.:

1. Cases of Hyperæsthesia or Spinal Irritation.
2. Cases of a depressed state of the nervous system or Neurasthenia.

Dr. McPhedran quite agreed with the above classification, but stated that he had not discussed any cases of spinal neurasthenia.

Dr. Graham did not consider cases of spinal irritation and of hysteria sufficiently alike as to belong to the same class, nor did he fully appreciate Rosenthal's classification and asked what was meant by a "depressed state?"

Another point taken up was the *cause of epinal*