

syringomyelia was due to an interruption in the crossing of the sensory fibres of heat and cold in the cord.

I have had a case like the one referred to by Dr. Temple. The patient was a woman: her first symptom was inability to pronounce very well. In a few moments her hand began to get stiff, her tongue deviated to one side, and one side of her face became flushed. She also complained of giddiness. These symptoms rapidly disappeared and the patient has had no return of them since. What the lesion was I do not know.

Dr. Temple asked if it might be an embolism that induced these conditions. Dr. Meyers said that it might be: he had never heard of an explanation of these cases.

DR. GRAHAM—I would like to ask Dr. Meyers why it is in syringomyelia that the fibres which conduct tactile sensation are not effected in the same way as those which conduct heat and cold.

It occurred to me that it might be explained in this way: the fibres pass up for some distance in the neighbourhood of the central canal, and then pass out. The case I had last spring was so marked that it impressed me very much. The outside was perfectly normal, while there was a marked central myelitis.

Dr. Meyers said that the tracts through the centre of the cord had not been well marked out yet, so that it was difficult to answer the question regarding tactile sensation.

The next part of the programme was to have been "Clinical Notes on a case of Purpura Fulminans," by Dr. R. B. Nevitt, but as he was absent, Dr. W. H. B. Aikins suggested that the members should report cases in practice.

DISCUSSION UPON THE EPIDEMIC OF SPECIFIC DIARRHŒA.

Dr. Burns thought that, since the members of the Society had been asked by the Provincial Board of Health to express their views on the epidemic that has prevailed in the city during the past few months, he would like to hear the opinions of those present regarding the cause of this so-called cholérine. Did it exist elsewhere, or was it confined to the city only? He would like to hear any special points members had observed in connection with such cases. What were the prin-

cipal characteristics of the disease, and what the pathological conditions? I have no doubt, the speaker went on to say, that all have seen many cases of this trouble, varying from the mild form of diarrhœa to the more serious condition resembling cholera morbus. I had two cases as bad as any case of cholera morbus I have ever seen, associated with cramps, rice-water stools, and vomiting, and collapse. In one case I nearly lost my patient. Is the cause of this the Toronto water, or does it exist elsewhere in the Province as an epidemic of grippe with gastro-intestinal symptoms most prominent?

DR. JOHNSON—I have only to note one point. I have had some cases outside the city, where, of course, the city water is not used, and have found them exactly similar to those inside the city. There is no doubt that the city water is in a very polluted condition, containing much animal matter, such as dead fish, etc., but I think this condition of the water would be more likely to produce typhoid fever than cholérine. The disease appears to be choleraic; it comes on suddenly, runs a limited time, and then ends.

Dr. Hynman, of Exeter, who was present, stated that they had had no such epidemic in his district.

DR. A. A. MACDONALD—The points I have observed with reference to these cases are: First, with reference to the city water. I have taken a good deal of pains to make inquiries as to whether the city water had been used as it comes from the tap by patients I have been attending. In almost all cases the water, if used at all, had been boiled, and I would think if the water had been sufficiently boiled, that it would be harmless. In giving my opinion that the water is not the cause of the disease, I would not wish to take any responsibility off the city authorities for not supplying us with good water. In a number of my cases I have noticed, in addition to the points already mentioned, that the period of convalescence has been prolonged. Patients have been reduced in strength out of proportion to the severity of the disease. I have noticed, too, that pains of a semi-neuralgic character have, in some cases, manifested themselves, pains in the head and neck, limbs and other parts of the body. I am inclined to regard this as a form of la grippe. I think that it yields to the same general plan of treatment.