

a distinction will finally be made between peripheral and spinal affections, since the careful examination of peripheral nerves has recently shown that several diseases of the spinal cord, in which no definite lesions are found post mortem, are really cases of peripheral neuritis."

Dr. McPhedran said that this case was a very typical one, the only symptom absent being disturbance of respiration; this was peculiar in view of the fact that both speech and deglutition were involved. There was much difference of opinion as to what cases should be included in Landry's paralysis. In most of the late reported cases the nerves as well as the spinal cord were the seat of lesion, and it would seem wiser to include all such so long as they showed decidedly the symptoms of acute ascending paralysis. In a case reported by Klebs last year there was found thrombosis of the anterior central artery of the cord and of its branches to the anterior gray horns, the nerves being all healthy; in some others there was disease of the anterior roots of the nerves or of the nerves themselves; in many, micro-organisms being found in connection therewith. In the present case, in view of the absence of wasting and disturbance of sensation, and the normal reflexes with unchanged electrical reaction, there is little doubt that the spinal cord is the seat of the lesion. For the same reason the multipolar cells of the anterior cornua must have escaped; the only part the affection of which would account for the symptoms would apparently be the terminal plexus in which the fibres from the brain terminate in the gray matter of the cord."

Dr. J. E. Graham related the history of two cases which had occurred in his practice during the last few months, both cases of myelitis which closely resembled that given by Dr. Powell. "In the first case the course of the disease was almost identical with two exceptions. 1st. The electrical reaction to the galvanic current was abnormal in quality, and electro-irritability to the Faradic current was lost in the most of the muscles affected. The temperature was raised for the first two or three weeks of the attack. The patient is now recovering. In the second case death occurred after four days' illness through involvement of the medulla. Post mortem examination revealed intense engorgement of the vessels of the anterior horn of the gray matter throughout the whole length of the cord, but much greater in the cervical and lumbar regions. Extravasation and inflammatory softening existed in the same situation. These changes produced a decidedly pink color which could be at once appreciated by the naked eye. From a study of these cases compared with those of Landry's paralysis, I am of the opinion that in the latter disease the lesion was in the same region, but of a somewhat different character."

The discussion was closed by Dr Powell.

Dr. C. H. Burnham, Toronto, read a paper entitled "A Case of Rheumatic Affection of the Eyes, Treated by Pilocarpine." Dr. A. C. Meyers, Toronto, followed with a paper on "Syringo Myelia." Dr. J. E. Graham in discussion of this paper said,—"I have noticed in the cases I have seen that the hands present an abnormally large appearance. This is principally owing to the atrophy of the muscles of the arm and fore arm. I would ask Dr. Meyers if he has observed this in his cases? In a case of central myelitis recently under my observation, there was an absence of the power to distinguish between heat and cold over parts where the tactile sensation was fairly good. The posterior portion of the cord was found to have been more affected than the anterior."

Dr. Meyers made no reply.

Dr. Jas. Thorburn, of Toronto, read a paper on "Some Points in Life Assurance." The discussion was opened by Dr. Mullin, of Hamilton, who thanked the writer for the paper, and spoke of the importance of some of his conclusions.

Dr. J. E. Graham, of Toronto, was of the opinion that in many of the cases of so-called functional albuminuria the precipitated was not really albumin. Reagents were often used which precipitated other compounds—peptone, for instance. The only reliable test which was always at hand was heat and nitric acid.

It being six o'clock the section adjourned.

SURGICAL SECTION.

Dr. Temple, of Toronto, took the chair in the absence of Dr. Holmes. Dr. Meek, of London, opened with a paper on "Ventral Hernia," and Dr. Dupuis, of Kingston, followed with one on "Operation for the Radical Cure of Hernia." The discussion on this was opened by Dr. H. O. Marcy, of Boston, who said:

"I owe my thanks to Dr. Dupuis for his valuable contribution upon one of the most interesting subjects that surgery ever presents for discussion. I am especially interested in his remarks upon the use of the caribou tendon suture, and with the permission of the section, I will confine myself to the subject of the animal suture, which is so very important in its application to the cure of hernia. As a student of Mr. Lister, I became deeply interested in the use of catgut as a ligature, and unsuspectingly used it for years as a trustworthy material for sutures. Sepses which may have resulted, I attributed to other causes. Engaged in a long series of bacteriological investigations, I took occasion to test specimens of catgut, the thicker varieties of which, although for a long time immersed in carbolic oil were shown to be septic, and bacterial cultures were made from them. A careful study of the material in its preparation for surgical purposes showed that such