

lameness. He cited the case of a dog that was lame, and which, after a purgative, passed four worms, and immediately recovered. He asked if pecan or arca nut had been tried in human beings, for it has long been looked upon as the best remedy for tapeworm in the dog.

DR. PROUDFOOT said that kamala, 60 grains three times a day or inside of five hours, was very efficacious.

Intracranial Cyst.—DR. HINGSTON showed before the Society a young woman who had been brought to him suffering from intense pain in the head and down the side of the face, and was at the time screaming violently. She was in an ensanguine condition, pulse very feeble, and apparently dying. He sent her to the Hotel Dieu Hospital, and the next day she was put under chloroform, and a horse-shoe-shaped incision was made on the right side of the head, about $2\frac{1}{2}$ inches above the ear; the flap was turned up and a piece of bone about the size of a 25 cent piece removed, without injuring the dura; this was then cut through, and in the cavity of the arachnoid he found a small cyst, like a limited serous effusion or limited arachnoiditis; on opening this, fluid of the consistency of olive oil, but not pus, escaped, the membrane collapsed, and pulsation was observed. The wound was closed with fine silk, and union took place by first intention. She now has no pain, sleeps well, eats enormously, and has gained 20 lbs. in weight.

DR. SHEPARD asked why the operation had been performed at that particular spot, if there was any history of injury, if there were any motor symptoms, and how such a condition could be distinguished from hysteria.

DR. LAFLEUR asked if the patient had been an epileptic.

THE PRESIDENT asked if the fluid had been examined, and if an ophthalmoscopic examination had been made.

DR. HINGSTON, in reply, said that there had been no motor symptoms, and the reason he had chosen that particular spot was that the pain seemed to be a little more intense there than in other parts of the head. She was not an epileptic, but there was a history of an injury twelve months before, when she was struck on the affected side of the head by a falling ladder. He replied in the negative to both the questions asked by Dr. Buller.

DR. SHEPHERD exhibited the following specimens obtained from the dissecting-room:—

(1) *Fissured Sternum.* The fissure was of small size, and was situated about the centre of the meso sternum.

(2) *Fracture of the Scaphoid Bone of Foot.* This was taken from a male subject who had lost his great toe and the terminal phalanges of the two next, due, evidently, to a crushing injury. The portion of the scaphoid articulating with the external cuneiform was separated.

It was much increased in size owing to the throwing out of new bone, and had a large surface articulating with the cuboid bone.

(3) *Fracture through the Laminae of the 5th Lumbar Vertebra.* This was found in a male subject. The separation of the neural arch found from the body of the 5th lumbar vertebra was complete, the arch being kept in place by the articulations with the first sacral vertebra. A false joint united the neural arch to the body, and there was no evidence of new bone having been thrown out. It was not a failure of union, as the separation was not in the line of the neuro-central suture. Dr. Shepherd could find no record of such a fracture in works on the subject.

(4) *Adjoined Abnormal Kidney with six Renal Arteries.* This specimen was found in the left side of a female subject. The kidney was an abnormal one with an anterior hilum; its lower end was situated near the commencement of the internal iliac artery, the hilum being opposite the bifurcation of the aorta. It received two arteries from the abdominal aorta, two from the common, and two from the internal iliac arteries; these vessels entered it on the internal border from the superior to lower end. One artery of large size, however, wound round beneath the kidney and entered its convex external border. This vessel came from the internal iliac, and was opposite the hilum. The veins were also multiple. The supra-renal capsule was in its normal position, and did not descend with the kidney, being separated from it by several inches. The right kidney, although normal in position, was supplied by three arteries. Dr. Shepherd remarked that multiple renal arteries occurred in his experience in about 10 per cent. of subjects, and were due to a persistence of the primitive condition, where a separate artery is supplied to the kidney opposite each vertebral segment. These anomalies were of great importance to surgeons, and might give rise to serious trouble in extirpating the kidney. Dr. Shepherd related a case where he had met with these supernumerary vessels in operation on the living subject.

Five Laparotomies with four recoveries and one death.—DR. LAPHORN SMITH said: I have to report the following five cases in addition to those I have already reported to this Society, although the pleasure of doing so is marred by my having to acknowledge my second death:—

Mrs. S., aged 64, a patient of Dr. Aubrey, of Côte St. Paul, came under my care on the 17th July, 1891, giving me the following history: Menstruation had commenced at 16, and had always been regular, though painful the first two days, and always profuse, lasting a week. She was married at 21, and has had only one child, who is now 42 years of age. Since the