

syphilis, a complete cure might be expected; but if no effect was produced in six weeks, operative procedure might be considered.

Dr. HINGSTON referred to the efficacy of potassium iodide over mercury, in his experience. There is very little doubt of the superior efficiency of potassium iodide over mercury in syphilis generally why not in cerebral syphilis? He then referred to the difficulty of diagnosing syphilis even in cases where the lesion was visible, and quoted cases where it had been mistaken for malignant disease. He believed potassium iodide was a scavenger for the disease, and if it had no effect on any disease, that disease was not syphilitic.

Foreign body in the Bladder.—Dr. HINGSTON related an interesting case of this nature. An old man came into hospital complaining of frequent micturition at night, with pain and other symptoms of calculus. The lithrotrite was introduced without preliminary sounding, opened and closed on something soft not attached to the vesical wall. On withdrawing it, found a piece of sheet rubber; again introduced the instrument, and withdrew another piece, and afterwards crushed and removed a calculus that was there. Patient stated that he had been examined with an instrument in Chicago, where he was treated for irritation of the neck of the bladder. Probably part of the rubber catheter was left.

In reply to Dr. Gurd, Dr. Hingston stated that the rubber was very much incruusted.

Case of supposed Aneurism.—Dr. MACDONNELL related a case of supposed thoracic aneurism. There was great intrathoracic pain, and neuralgic pains in the course of the fifth and sixth nerves, requiring hypodermics to produce sleep. Patient had history and symptoms of syphilis. Complete relief was afforded by potassium iodide. There is now no pain nor any pressure symptoms, and patient is up and about the wards.

In answer to Dr. Gurd, Dr. MacDonnell said that potassium iodide gives wonderful relief in cases of aneurism. Would not say whether this was due to its antisiphilitic action or to its power of producing a clot in the sac.

Stated Meeting, Sept. 30, 1887.

J. C. CAMERON, M. D., PRESIDENT, IN THE CHAIR.

Drs. J. Stirling and K. Cameron were elected members of the Society.

PATHOLOGICAL SPECIMENS.

Dr. JOHNSTON exhibited the following specimens:—

1. *Enlarged prostate, with bladder attached*, showing the beneficial effects of systematic catheterization. Bladder mucosa was quite normal, and neither the ureters nor the kidneys were affected, though the enlargement was sufficient to prevent the passage of urine except by the use of a catheter.

2. *Acardia*; a foetus from the McGill College Museum, with the organs of circulation entirely wanting.

3. *A fibrous nodule*, found lying free in a pocket formed by an old pleuritic adhesion. The nodule was quite cartilaginous in consistence.

Dr. MAJOR exhibited his new instrument for the removal of growths from the vault of the pharynx. It works on the principle of the guillotine, and is a great improvement on the older forms of forceps, as the uvula could not be caught in the instrument, and most growths could be removed at one operation.

Dr. WILKINS, First Vice-President, took the chair, and

The PRESIDENT (Dr. Cameron) read a paper on *The influence of Leukæmia on Pregnancy and Labor*, which will appear shortly in the *American Journal of the Medical Sciences*. He said that after a careful search through the literature of the subject he had been able to find reports of only four cases where leukæmia was said to have occurred in the course of pregnancy, but in none of these had a blood-count been made, or the condition of liver and spleen carefully examined. No case has hitherto been recorded where a woman already leukæmic has been known to become pregnant. He then reported at considerable length a case which he considers unique. A woman, aged 36, married, was treated in Montreal General Hospital for leukæmia, in September, 1885, and at the same time her three months old infant and six year old daughter were found to be leukæmic. She became pregnant in March, 1886; her liver and spleen became enlarged and tender, and as pregnancy went on, dyspnœa and œdema became extreme, and her blood showed profound alterations. She had repeated attacks of epistaxis before labor set in, and became so weak and faint that her condition was really alarming. She was confined in the University Maternity Hospital on 29th October, 214 days after cessation of last menstrual period,